



Snohomish County Medical Examiner

Investigations

Policies and Procedures

**This manual contains Investigations policies and procedures of the Medical Examiner's Office and supersedes all previous information relating to:
Pathology Policies and Procedure**

This Manual shall be effective on April 13, 2011 and will remain in effect until suspended by written directive.

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SECTION 1.0 AUTOPSIES

1.0 Autopsy Examination

The Revised Code of Washington (RCW) 68.50 provides the Medical Examiner with the legislative authority to investigate and perform autopsy examinations to determine cause and manner of death. Under certain circumstances and conditions autopsies may be requested, but the decision to perform an autopsy examination remains solely with the Medical Examiner.

1.1 Law Enforcement

When this office is contacted by a Law Enforcement Agency that is requesting an autopsy examination, the investigator shall document the name of the officer, agency and contact information along with the circumstances and conditions related to the request. This information should suggest that a death is believed to be due to unnatural causes or a death has occurred as a result of an incident. This information shall be documented in the METS database in the respective case file. The investigator shall contact and advise the Duty Medical Examiner of the request as soon as possible. The Medical Examiner's office will review the information and consider the request for autopsy examination by law enforcement, however it is at the Chief Medical Examiner's discretion to determine if an autopsy is required or not.

1.2 Corrections/In Custody Deaths

All in-custody, jail or detention deaths (federal, state or county) that occur in Snohomish County fall under the jurisdiction of the Snohomish County Medical Examiner (SCMEO). This includes in-custody deaths that occur in an emergency room, hospital or home, or any death that may involve a decedent who was in custody of a state, local or federal agency. When this office is contacted regarding an in-custody death, (including deaths believed to be due to natural disease processes), the agency or department may request that this office perform an autopsy examination. If this request is made, the duty Medical Examiner shall be informed of this request and the information is to be recorded on the medical section of the investigative report. The Medical Examiner's office will review information and consider the request for autopsy examination; however, it is the Medical Examiner's sole discretion to determine if an autopsy is required or not.

1.3 Labor and Industries

1.3.1. Washington State Department of Labor and Industries

a. Washington State Department of Labor and Industries (WADLI) authority covers most land-based factories, industries and other business concerns and offices. It is important to note, however, that deaths occurring in emergency rooms, hospitals or homes, or any death that may be a direct or indirect result of a job related activity, should be reported to the State Department Labor and Industry.

b. When this office is contacted regarding a death on the job, including deaths believed to be due to natural disease processes or a death as a result of an incident happening at a job site, the WADLI shall be notified in a timely manner by the investigator assigned to the case prior to the decedent's examination. Notification of WADLI shall be documented in the case. The Department of Labor and Industries will inform this office if an autopsy is to be requested (on cases that the office would not normally perform autopsy). The duty Medical Examiner shall be informed of this request and the information is to be recorded on the medical section of the investigative report.

c. Washington State Department of Labor and Industries may request a copy of our autopsy or investigative report at a later date. The request must be in writing. These requests will be processed when the report has been completed.

d. The Washington State Department of Labor and Industries may formally request this office to perform an autopsy examination. This request should be made to the Chief Medical Examiner and the WADLI may be responsible for financial reimbursement if an autopsy is performed at their direction. These are deaths where this office would not normally perform an autopsy examination.

1.3.2. Federal Department of Labor and Industry

a. The United States Federal Department of Labor and Industry covers most shipyard and harbor facilities. When a case under the Federal Department of Labor and Industries comes under our jurisdiction, that Department must be informed.

1.4 Snohomish County/ King County Medical Examiner Interagency Inter-local Agreement for Autopsy Services

The Snohomish County Medical Examiner's Office (SCMEO) and the King County Medical Examiner's Office (KCMEO) have an interagency, inter-local agreement that allows the Snohomish County Medical Examiner's Office to provide autopsy examination services for the King County Medical Examiner's Office in all homicidal or suspicious deaths resulting from an incident that

occurred in Snohomish County. These cases usually involve decedents that are initially transported to a King County hospital or care center within King County. When these decedents die, they fall under the jurisdiction of the King County Medical Examiner's Office. Upon learning of the death and circumstances surrounding the death, the KCMEO shall contact the SCMEO and report the circumstances surrounding the death. When this occurs, the SCMEO investigator receiving the report shall contact the Chief Medical Examiner or the Duty Medical Examiner or the Chief Investigator to advise him or her of the KCMEO death and provide them with the circumstances surrounding the death. The Chief Medical Examiner, (or the duty Medical Examiner or Chief Investigator) will determine whether the SCMEO is to provide autopsy examination services for the KCMEO.

If the SCMEO investigator receives approval from the Chief Medical Examiner, duty Medical Examiner or Chief Investigator, the SCMEO investigator will complete the following tasks.

- Assign the KCMEO with the next SCMEO case number.
- Immediately contact the Chief Investigator and or Master Investigator to coordinate the transfer of the decedent, medical records and evidence from the KCMEO into the custody of the SCMEO.
- Contact the KCMEO and advise the KCMEO investigator of the SCMEO request to perform the autopsy examination at the SCMEO. A mutually agreed meeting time should be arraigned with the KCMEO investigator.
- The SCMEO investigator will respond to the KCMEO to take custody of the decedent's body, evidence and or property.
- The KCMEO investigator should make available the following; copies of medical records, hospital blood or laboratory samples, evidence and property. These items shall be properly documented by the SCMEO investigator receiving these items on the SCMEO property and evidence form.
- Prior to departing the KCMEO, the SCMEO investigator shall obtain the signed inter-local agreement form from the KCMEO/SCMEO that will allow the SCMEO to perform the autopsy examination.

1.5 Hospitals Requesting Permission to Conduct an Autopsy

Under **NO** circumstances will this office authorize or give permission to another agency to perform an autopsy examination. However, if a hospital/physician receives permission from the surviving next of kin to perform an autopsy, and if the death does not fall under the jurisdiction of the Medical Examiner, then the hospital will not be prevented from performing the autopsy examination.

1.6 Next of Kin Requesting Autopsy Examination

The Medical Examiner's office will follow its own criteria when determining if a body will be autopsied or not. It is the Medical Examiner's discretion to make this determination. However, if the family (legal next of kin) requests an autopsy examination it is important to make the duty Medical Examiner aware of this request. This should be clearly noted and documented on the case file and in the METS database. Advise the family member that a staff member will be in contact with them on the morning that the case will be reviewed.

1.7 Next of Kin Opposing Autopsy Examination

According to Washington State law, the Medical Examiner's Office may perform autopsy examinations, even without family consent, in those cases that properly come under the authority of the Medical Examiner's Office. However, if a family is strongly opposed to autopsy for religious or other reasons, an opposition will be taken into consideration. This decision will be made by the Chief Medical Examiner or his/her designee. In the rare instance where an admonition is granted, the family will be required to complete and sign an *Admonition Opposing Autopsy Form*. This admonition form can ONLY be signed by the legal NOK at the Medical Examiner's Office.

In cases where Next of Kin are opposed to an autopsy examination, the investigator shall perform the following tasks:

0. The Medical Examiner Death Investigator shall document in the case narrative that "family members are opposed to autopsy," this documentation will consist of detailed information as to which family member is opposed to an autopsy examination and for what specific reasons.
1. The investigator shall document the legal next of kin's contact information to allow the Medical Examiner's Office to reach next-of-kin prior to autopsy.

A Medical Examiner staff member will contact the family in cases where autopsy is opposed to discuss the need for autopsy. In rare cases, families may be allowed to complete an *Admonition Opposing Autopsy*. Typically this may occur in cases that are apparent natural deaths based on investigation and/or medical history and where the Medical Examiner or Associate Medical Examiner is satisfied with the investigation, and believes that there are no unclear circumstances surrounding the death. These cases are reviewed on a case by case basis.

1.8 Contract Autopsy Examination

The Chief Medical Examiner, or designee, will establish criteria and acceptance of a contract case. The case will only be accepted after the outside County Coroner or Medical Examiner has made contact with this office. No other agency has the legal authority to request an autopsy. The duty Medical Examiner will determine if the case meets such criteria and accept the case. The Deputy Director will be advised of the case and a contractual agreement will be initiated before acceptance of the case.

If the SCMEO investigator receives approval from the Chief Medical Examiner or the duty Medical Examiner or Chief Investigator, the SCMEO investigator will complete the following tasks.

- The SCMEO investigator shall obtain authorization from the county coroner or medical examiner requesting the autopsy examination. This document should be faxed or presented to the SCMEO prior to the autopsy examination.
- Assign the case the next SCMEO case number. Identify the case file as an OUT OF COUNTY CASE with the respective county noted.
- Upon arrival to the SCMEO facility, investigators will accept the remains and any related evidence, laboratory items or documentation relating the case.
- Items received by the SCMEO shall be documented on an evidence form and a copy may be provided to the requesting agency.

1.9 Request for autopsy examination from county with pre-existing contract (San Juan County)

Investigators who are on duty when notified of a San Juan County/Regional case will treat the San Juan/Regional case the same as any other case received by this department. San Juan County will enter the investigative information into METS and assign a case number. Note the case on the board and log it into both log books. Take all the necessary information that is available. Complete both property and ID forms and have the FH representative sign these forms. Include the personal property when releasing the body and have them sign for it, following same procedures for release of a body to local funeral homes.

1.10 Viewing Autopsy Examination

Viewing autopsy examinations at the Snohomish County Medical Examiner's Office by outside individuals or public is restricted, and controlled by the confidentiality provisions of RCW 68.50.105. Requests to view autopsy examinations should be directed to the Chief Medical Examiner or the Associate Medical Examiner in the absence of the Chief Medical Examiner.

Section 1 Notes and Revisions:

SECTION 2.0

COMMUNICATIONS

2.0 **Telephones** - The primary 24 hour telephone number for the Snohomish County Medical Examiner is 425-438-6200.

Investigators are the primary staff members responsible for answering incoming telephone calls, as the majority of incoming telephone calls are regarding investigations. All staff shall support the Investigators by answering incoming telephone calls if the on duty investigators are not immediately available or if the tempo of telephone calls becomes excessive. Any on-duty staff member is expected to answer the telephone if it rings more than three times. On-duty Investigators shall advise the administrative staff when they are leaving the office or when they need telephone support.

Snohomish County Medical Examiner employees are not allowed to provide any personal or home contact information about other Medical Examiner employees, to any individual or agency. If this information is requested, forward the call to any member of the management team.

2.1 **Answering Telephones**

Staff members shall answer the telephone in a prompt and professional manner. In a clear voice the staff member should answer using the following response. The staff member may use his or her name if they wish.

“Good Morning (afternoon or evening), Snohomish County Medical Examiner’s Office, how may I help you?”

2.2 **Routing Telephone Calls for Staff Members**

Staff members should not comment as to the whereabouts of staff members, such as on vacation, out sick or out to lunch, etc. When a staff member receives a telephone call and the caller asks for a specific employee that is not available or out of the office, the answering staff member may provide the following information:

- ***“I’m sorry he/she is not available, may I be of some assistance or may I take a message?”***
- ***“I’m sorry he/she is not available, may I be of some assistance or may I direct you to his-her voice mail?”***

Staff members shall not provide the direct phone number of the Medical Examiner to the general public without the express permission of the Medical Examiner. Instead, ask the caller for the case number, decedents name, the matter of their question or concern, and obtain their phone number. Provide this information to

the Medical Examiner so that he/she may be prepared when responding to the inquiry.

2.3 Routing Telephone Calls for Medical Examiners

Staff members shall not interrupt the Medical Examiners during autopsy examinations. If the caller indicates that the call is of an **urgent nature**, the staff member shall immediately contact the Deputy Director or Chief Medical Investigator to take the call. If they are unavailable, then the pertinent Medical Examiner is to be advised of the holding call and the nature of the urgent matter.

2.4 Staff Member Voice Mail

Each staff member is provided with office voice mail. Staff members are required to maintain this communication service on a regular basis. The voice mail system is intended for Medical Examiner business as an inter-link with the office/county phone system and should be utilized to ensure consistent office communication. This voice mail system is not to be used as a personal or private voice mail system. When a voice message recording is left on the system, a red light on the employee's telephone is illuminated. Employees are required to check their voice mail on a regular basis to ensure optimum customer service.

Staff members are responsible for setting up their individual voice mail greeting. The voice mail greeting shall be recorded in a clear and professional manner. Background music is not allowed. In a clear voice the staff member should record a variation of the following response.

"Hello, this is (employees name) of the Snohomish County Medical Examiner's Office. I am currently not available, please leave your name, telephone number and a brief message and I will get back to you as soon as possible. If this call is urgent, please contact the general office telephone at 425-438-6200. Thank you."

2.5 Transferring Telephones to Answering Service

When all Medical Examiner personnel are out of the office, the telephones shall be forwarded to the Medical Examiner's answering service. Investigators shall forward the phones using the forwarding phone located in the Investigator's section, on the counter next to the doorway. Forwarding procedures are posted on the wall next to the forwarding telephone.

Prior to leaving the office, the Investigator shall follow the listed procedures. This process shall be performed at the forwarding telephone station in order to ensure continuous communication service to Medical Examiner staff.

- Transfer the telephone to the answering service. Specific instructions shall be posted next to the forwarding telephone.

- Using the office telephone, call the Medical Examiner general telephone number, 425-438-6200; the answering service should answer the telephone if the phones were transferred correctly.
- The staff member **shall** advise the operator who you are (YOUR NAME) and that you are with the Snohomish County Medical Examiner's Office and that you are going to be out of the office. **The staff member shall advise the service as to where they are going;** i.e., Case response, filling the vehicle with gas, out to pick up medical records, etc... (this is required for safety purposes)
- Provide the operator with your contact telephone number (e.g., your cell phone or pager).

Upon returning to the office, the staff member shall transfer the telephones back to the office telephone system as soon as possible. The staff member shall contact the answering service and advise them that the telephones have been returned to the office and that the Medical Examiner staff is present in the office. Request that the telephone service fax to the Medical Examiner's office any and all messages that are holding. The staff member shall return the messages as soon as possible. Confirm again that the telephones are switched back to the Medical Examiner's office by calling the general office telephone number.

2.6 Cellular Telephones

Each Medical Examiner Investigator shall be provided a county-issued cellular telephone. These cellular telephones are equipment with voice mail. Staff members are required to maintain this communication service on a regular basis. The cellular telephone and voice mail system is intended for Medical Examiner business only as to ensure consistent office communication. This voice mail system is not to be used as a personal or private voice mail system. Employees are required to check their voice mail on a regular basis to ensure optimum customer service.

Staff members are responsible for setting up their individual voice mail greeting. The voice mail greeting shall be recorded in a clear and professional manner. Background music is not allowed. In a clear voice the staff member should record a variation of the following response.

"Hello, this is (employees name) of the Snohomish County Medical Examiner's Office. I am currently not available, please leave your name, telephone number and a brief message and I will get back to you as soon as possible. If this call is urgent, please contact the general office telephone at 425-438-6200. Thank you."

2.7 Cellular Telephone Calls While Driving

According to Washington State law, the use of a hand-held phone while behind the wheel of a moving car or truck is prohibited and a violation of the law.

People who are exempt of this law are individuals driving “authorized emergency vehicles.” This definition applies and would include **Medical Examiner** vehicles under **coroner**.

- **RCW 46.04.040**

*"Authorized emergency vehicle" means any vehicle of any fire department, police department, sheriff's office, **coroner**, prosecuting attorney, Washington state patrol, ambulance service, public or private, which need not be classified, registered or authorized by the state patrol, or any other vehicle authorized in writing by the state patrol."*

Safety is the first priority of this office and this legislation. **Do not use a hand held cellular telephone while driving.** Although Medical Examiner staff members are exempt while driving the Medical Examiner vehicles, staff members are to utilize the answering service to handle calls while driving to a scene. Furthermore, prior to departing the garage, prepare for the event that you may be contacted on your cell phone while driving; set up the cellular phone for use via ear pieces or the speaker. On most highways, it is not legal to pull to the side of the road to take the call; if necessary, exit the highway. This is for your own safety and the safety of others.

2.8 Pagers

There are two digital pagers available for staff member use. These pagers are located at the investigative telephone forwarding station. The pagers have the telephone numbers listed on specific device. The pagers can also be accessed by the intranet at www.usamobility.com.

2.9 International or Long Distance Telephone Calls

Staff members making international calls shall document the call in METS data base in the case notes section of the respective case. In the Confidential Section of the case notes the staff member shall document the international telephone number, the time and date, the individual they are calling and the relationship to the decedent and the staff members name. The staff member shall also note a brief summary as to the nature of their call. This will insure the legitimacy of the international call if verification is needed. **DO NOT MAKE OR CHARGE** personal international calls to this office.

2.10 Personal Telephone Calls

Staff members shall keep personal telephone call to a minimum during working hours. If necessary, staff members may make personal calls from Snohomish County Medical Examiner telephones only in emergencies. Do not make or charge long distance call on county telephones.

2.11 E-Mail

Staff members shall be assigned a Snohomish County e-mail account, accessible via the county Outlook network. The e-mail system is not a secure system and e-mailed information and correspondence can be accessed externally. E-mail correspondence and information is subject to legal discovery as well as internal auditing. E-mail should be used only for the transaction of Snohomish County and Medical Examiner business and must follow Snohomish County Department of Information Services guidelines and regulations.

2.12 Radios

There four 800MHz radios available if needed for communications. These radios are located in the investigations area and garage area.

2.13 FAX Machines

There are two facsimile (FAX) machines at the Snohomish County Medical Examiner's Office. One small fax machine is located in the investigative office area and the other is the CANON COPY/FAX MACHINE, located in the hall way next to the administration office. When requesting medical records, any fax may be used to send out these requests. However, please identify to the receiver that they should send all requested documentation to the CANON FAX MACHINE (425-438-6222). The Canon machine is more capable of accommodating large document volumes and is much more efficient and economical.

2.14 Telephone Service Failure

The Medical Examiner telephone system is incorporated within the Snohomish County's main telephone system or private branch exchange (PBX) system. In the event of a loss of telephone service, staff members shall refer to the task list below, insuring that all agencies and individuals are contacted and advised.

- Immediately notify law enforcement by contacting SnoPac and SnoCom using your county-issued cellular telephone.
- Provide these law enforcement agencies with the telephone number for your county-issued cellular telephone. Encourage them to contact you if necessary. Advise them that you will contact them once service has been reestablished.
- Contact the Snohomish County DIS and advise them of the situation and inquire about the problem and possible duration or phone service failure.
- Contact both the Chief Medical Examiner and the Chief Investigator. If you are unable to contact these individuals, then proceed to contact any member of the management team. (Do not stop until you have contacted at least one member of the management team.)

2.15 Problem Resolution

Snohomish County Medical Examiner's Office Staff members encounter a diverse population of individuals while performing their mandated duty. These individuals and/or groups are quite possibly experiencing a great deal of emotional and devastating grief at the loss of a loved one. It is imperative that medical examiner staff maintain the highest degree of professionalism in accordance with the expectations of this office and profession.

You may be met with hostility, anger, frustration or other normal grief reactions during the course of your normal work day. You must respond in a manner that demonstrates compassion, empathy, courtesy and honesty, while at the same time remaining focused on your required duties and responsibilities. These situations require a great deal of professionalism and advanced interpersonal skills. You should demonstrate a sincere and compassionate desire to answer appropriate questions and to resolve any issues that fall within the scope of your job classification. If a situation develops and appears to be escalating into a possible confrontation, politely and courteously direct the client to your supervisor.

Staff members shall immediately contact and advise their supervisor or any available member of the management team should they encounter any dispute or issue involving a family member, outside agency and or the general public. Management shall be advised of such an incident, regardless of de-escalation and/or resolution of the situation.

Section 2 Notes and Revisions:

SECTION 3.0

DEATH CERTIFICATES/FRACTURE CASES

3.0 Death Certificates

The Snohomish County Medical Examiner's Office (SCMEO) certifies deaths that fall under the jurisdiction of the Medical Examiner in accordance with R.C.W. 68.50. Medical Examiner certification is usually completed within three days following death; however, certain death investigations may require further testing or investigation.

The certification of death by the Medical Examiner will follow the guidelines established by the Washington State Department of Health and the National Center for Health Statistics of the Centers for Disease Control and Prevention. The certification of cause and manner of death is based on the preponderance of evidence (more probable than not or reasonable medical probability, not necessarily beyond any doubt).

After the sections of the death certificate to be completed by the Medical Examiner's Office are filled in and reviewed, a copy of the original death certificate shall be kept in the respective case file. The original death certificate shall be released with the decedent to the funeral home representative of record. When completed by the funeral home this document is filed at the Snohomish County Office of Vital Statistics prior to final disposition. Copies of the completed original death certificate must be obtained from Snohomish County Office of Vital Statistics.

3.1 "Pending" Death Certificates

In certain cases the cause and/or manner of death may be uncertain immediately following an examination. On cases such as these, the cause of death will be identified as "PENDING". In most cases, the "PENDING" status indicates that the Medical Examiner is considering further information such as toxicology, histology, radiology and/or other information prior to determining the most accurate cause and manner of death.

Investigative staff members may receive telephone calls or inquiries as to the status on a particular case that indicates a "PENDING" cause and manner of death. When family members contact this office to request such information, the Investigator shall document the time and date of the call as well as the name, relationship and telephone number of the caller and the name/case number of the decedent. This information is to be provided to the Medical Examiner of record so that he/she may follow-up with the decedent's legal next of kin. Do not

state the reason for the delay; explain to the family member that it is not uncommon for the Medical Examiner to request various tests to assist them with the determination of the decedent's cause and manner of death.

During the period of time that any case is certified as "pending (cause and manner)" it shall be listed as "pending" in the METS database. A monthly "pending cases" report is generated from the METS data base and reviewed by the two Medical Examiners. A hard copy of the monthly report is not saved as all reports are available in the data base.

3.2 Death Certificates with Fractures or Traumatic Injuries Listed

If a fracture is identified or mentioned in a death reported to the SCMEO, and the physician in attendance is of the opinion that injury was related to the death (either directly or indirectly) and the fracture is not pathological, then jurisdiction should be assumed. Likewise if a fall caused a traumatic head injury such as a subdural hematoma and in the attending practitioner's opinion the head injury contributed to the death, then the Medical Examiner shall assume jurisdiction of the death. A Medical Examiner's record in METS is to be initiated. The receiving Investigator shall insure that the accident information on METS page 1 is completed. These cases are to be investigative and information shall be requested. The investigator of record shall create a case file folder and complete a "follow-up form".

These cases have been termed "Paper Cases". In most instances the decedent's body does not require transport to the SCMEO for examination. However, the Investigator is required to follow-up by requesting information from the following sources:

1. Requesting adequate and relevant medical records including radiology impressions and physicians notes from the attending physician, health care provider or care agency.
2. Contacting witnesses or family member to inquire about an incident/injury.
3. Contacting health care agencies and other health care staff.
4. Contacting and interviewing anyone who may provide information surrounding the incident that resulted in the underlying injury.

Once all relevant information and medical records have been collected and the circumstances are consistent with an accidental death, the decedent's case is to be presented to the duty Medical Examiner for review and/or required follow up. The duty Medical Examiner may request to have the decedent transported to the SCME or released for private disposition.

3.3 Finalizing Death Certificates with Fracture(s) Listed

Establish what funeral home will be used. Contact the funeral home and funeral director and inform them that the death certificate is to be brought into this office before filing. If there is evidence that the fracture contributed directly or indirectly to the death, the death certificate must indicate that the manner of death is an **ACCIDENT** and Sections 51 through 60 must be completed.

This should be done regardless of how the death certificate has been completed by the decedent's physician. The Duty Medical Examiner should then review the certificate and Medical Examiner's Record. If the certificate is incorrectly prepared, it can then be corrected or amended at that time.

A copy of the final death certificate, with the signature or initials of a Snohomish County Medical Examiner agent, should be added to the case file. The original shall be released to the funeral home to file. Medical Examiner Staff are expected to process these "paper cases" as expeditiously as possible.

At times this process can apply to other delayed traumatic deaths. There must be ample documentation of the injury and subsequent treatment. This must always be reviewed with the on-duty Medical Examiner.

3.4 Certificates of Presumed Death

Washington State Law gives the Medical Examiner discretionary authority to issue a certificate of Presumed death under RCW 70.58.390 when the Medical Examiner determines to the best of his or her knowledge and belief that there is sufficient circumstantial evidence to indicate that a person has in fact died in the county or in waters contiguous to the county and that it is unlikely that the body will be recovered. The certificate shall recite, to the extent possible, the date, circumstances, and place of the death, and shall be the legally accepted fact of death.

In most cases of missing persons, the Medical Examiner's Office will recommend to the family of the deceased that they petition Superior Court for an order declaring death and directing the Medical Examiner to issue a certificate of presumed death. Under common law, it is the province of the court to determine whether the circumstantial evidence is sufficient to support a finding that the person died. Statutory law (RCW 11.80.100) also provides that the presumptive heir may apply for a court decree of final distribution after the person's absence for a period of seven years.

The request for a certificate of presumed death must be made in writing to the Chief Medical Examiner. The Medical Examiner will investigate and may issue a certificate of presumed death upon clear and convincing evidence that

overwhelmingly supports the belief that the person died. Issuance of a certificate of presumed death is not guaranteed; the person's absence, by itself, is not likely to be sufficient.

The Medical Examiner will review the following circumstances and criteria when reviewing the request:

1. The facts of the disappearance including the date, time, place and circumstances in which the missing person was last seen
2. Exposure of the person to specific peril of death and the possibility of survival
3. Remarks and actions of the missing person before the disappearance
4. Absence of motive for voluntary disappearance -- reasons (or lack of reasons) which might have led the missing person to falsify their disappearance, such as financial, family or mental problems
5. Absence of subsequent communication or any evidence that the person is still alive
6. Undertaking of search and inquiry
7. Failure to locate the missing person over an extended period of time
8. Any other information deemed relevant by the Medical Examiner

Documentation and evidence must be provided in the form of:

1. Law enforcement records and investigation reports about the person's disappearance and the search for the body
2. Witnesses statements
3. Business and institutional documents proving the continued absence from residence, place of employment, business and places customarily frequented, failure to collect and cash checks, and inactive financial accounts
4. Medical history
5. Documents evidencing the state of mind and possible motive of the missing person

Section 3 Notes and Revisions:

SECTION 4.0 EVIDENCE

4.0 Evidence

It is the responsibility of the Snohomish County Medical Examiner's Office to account for evidence collected during death scene investigations or in the course of a death investigation. The SCMEO shall ensure accountability of all property that is collected and transported to the Snohomish County Medical Examiner's Office. All items collected must be inventoried and listed on the METS generated Field Evidence Record form. The Field Evidence Record form shall be signed by both the Investigator and the law enforcement agent while at the scene.

The Snohomish County Medical Examiner's Office (SCMEO) will release the evidence to the appropriate and/or proper legal authority. In the process of conducting death investigation, SCMEO collects specific items that are considered evidence. Evidence may not be released to the decedent's next of kin.

Evidence room access is restricted to specific keycard authorization. There is no need or authorization to enter the evidence room to deposit evidence. Packaged evidence shall be deposited into the evidence room using the evidence drop.

No one is authorized to make an unwitnessed entry into the evidence room. Entry by a singular person into the evidence room shall require that another employee is present or is in the vicinity, pre-advised of the entry, the door is maintained in an open position, and the activity in the evidence room is observable during the entire time of the single-person entry.

Periodic and random inventories shall be conducted by the Chief Medical Investigator.

4.1 Evidence at Homicide Scenes

In certain cases that require the collection of evidence and the cause and/or manner may be suspicious or considered a possible homicide, Investigators shall refer to the policy regarding Homicide Scene Investigation. As a general rule, consult a Medical Examiner on scene for direction on collecting any necessary evidence. Weapons (unless still in the body such as a knife) are to be collected by Law Enforcement at the scene. Request that Law Enforcement render the weapon safe and available for inspection if the Medical Examiner deems it necessary.

The majority of evidence processed by the Investigator will be during accident or suicide investigations involving weapons, ligatures or drugs. Collect these items

only after photographing as the manner of death may be uncertain until determined by Medical Examiner. On cases such as these, the cause of death will be identified as "PENDING". In most cases, the "PENDING" status indicates that the Medical Examiner is considering further information such as toxicology, histology, radiology, and/or other information prior to determining the most accurate cause and manner of death.

4.2 Prescription Medications

Medical Examiner staff shall **NOT** collect medications to be brought to the SCMEO. Staff member will not collect any drugs, paraphernalia, medications, prescription or otherwise, for transport to the SCMEO. These items are to be photograph at the scene, in the presence of a law enforcement officer or medical personnel and documented in detail. Again, this task is to be performed at the scene in the presence of a law enforcement officer or medical personnel. When documenting medication such as pills or capsules, carefully pour the pills onto a surface next to the medication bottle with the name of the medication visible and the tablets spread out. The photograph should allow for the identification of the medication and the pill count. The medication shall be place back in the container and left where they were found by the investigator. In almost all cases no medications will be collected, thus while at the scene the investigator will draw a line across the Field Medication Log/Inventory Form and at the bottom of the form he or she will write "No medication Collected" followed by the investigators initials. Then ask the Law Enforcement Officer at the scene to sign the document to verify that no medications were collected by you.

Upon return to the office the relevant medication information will be documented in METS in the Medical/DRUGS data field located in the CONFIDENTIAL Section of METS. The name of the medication, the date it was prescribed, the number of pills dispensed and the number remaining. This will provide the Medical Examiner with needed information if there is a pill count discrepancy.

If a medication appears to be critical to the death investigation, the on-scene investigator shall contact the on-call Medical Examiner to explain why he or she feels it is necessary to collect the medication. The on duty Medical Examiner shall approve or deny the request at the time of the phone call. Only bring in medications specifically authorized by the on-call Medical Examiner. If the investigator is instructed to collect the medication or should medication be found on the body of the deceased, the medications shall be processed as set forth in the procedure below.

4.3 Processing of Medications

If instructed by the Medical Examiner to collect medication found at the scene, the SCMEO Investigator instructed to collect the medication shall perform the

following tasks in the presence of a medical professional or law enforcement officer at the scene. The Investigator shall photograph the medications found at the, including clear photographs of the label on the bottles. Carefully pour the pills out on a suitable background and photograph the pills in a manner that the pills can be identified and each pill can be counted. Include the medication bottle in this photograph. This photo can be used in the future to identify medication and verify pill counts. A pill count of the medications that are associated with the death investigation shall be performed. These medications shall be logged into the Field Medication Log and the Law Enforcement officer shall be asked to sign the completed Field Medication Log form. Once the medications are brought to SCMEO, an investigator will re-perform a pill count and enter the verified medications into the METS medication log. Write the pill count in ink on the top of the medication lid or on the bottle. Place the medications in a paper bag, securing the bag by folding the bag three or more times and stapling the bag closed. Write your initials on the fold of the bag and secure the fold, the initials and the staples with evidence tape. Label the bag with the case number and attach a copy of the medication log. Place another copy of the medication log in the case file. Finally, drop the packaged medications into the chute into the evidence room for inspection, verification and final destruction.

On the day of the Autopsy Examination, The Chief Investigator and the authorizing Medical Examiner will verify that all medications were logged into METS and that the secondary counts were done.

4.4 Processing for Destruction of Medications

Verification of medication count, the packaging of medications for destruction, and the transfer of medications for destruction shall be performed on the last week of every month by the Chief Investigator and a Medical Examiner (Pathologist). The following tasks should be performed in the evidence room in the presence of both individuals. The destruction section of the METS medication log shall be filled out for each case and the form signed by both the Chief Investigator and the Medical Examiner upon performing the final verification. Following completion of the verification of medication count, pour all pills into a single envelope or cardboard box (depending on amount of pills), fold the open end and initial (both the Chief Investigator and Medical Examiner), then seal it with EVIDENCE tape and marked with the batch number using the year and then sequential numbering (i.e., the first batch in 2009 will be #2009-1). Empty medication bottles shall be deposited into the Medical Examiner's Office burn boxes located in the cooler. Any inhalers, liquids or other items not fit for incineration are to be packaged in a paper container (envelope/box), sealed with tape and initialed like the package for pills. Mark the container "DO NOT INCINERATE" (Snohomish Co. Sheriff will put these with REFUSE for destruction) and marked with the same batch number. These two packages are to be treated as one unit. This final packaging SHALL NOT BE RE-OPENED unless instructed to do so in the presence of the Chief Medical Examiner; a verification count shall be conducted and the medications placed in a new

envelope or box, sealed with evidence tape and signed by the Investigator and the Medical Examiner.

For each batch, all the medication logs with the destruction information and signatures should be placed together in the DESTRUCTION LOG in the evidence room. Fill out the available information in the Disposal Record Form and attach it to the front of the Medication Logs. Then place the sealed batch envelopes/boxes back into the evidence room, if unable to transport immediately to the SCSO Evidence Unit.

The final step is to transport the batches to the Snohomish County Sheriff's Office Evidence Unit (SO) for destruction. Confirm that the evidence seal has not been broken or tampered. Complete the DISPOSAL RECORD form. Place the batch number in the "description section". There may be more than one batch to take. Make sure to indicate, if appropriate, that BOTH incineration and refuse are needed for proper destruction. Transport the batches to the SCSO Evidence Unit and complete the release section of the disposal record. The SCSO may require that the SCMEO staff member complete a form for them. If so, obtain a copy of their form and retain it with the original DISPOSAL RECORD. Place the copy of the SCSO form and the Disposal Record with the Medication Logs in the DESTRUCTION LOG located in the evidence room. After the SCSO destroys the medications, they will send a receipt of destruction to our office. Place this receipt in the destruction log as well.

4.5 Illicit Drugs and Drug Paraphernalia

Medical Examiner Investigators shall not collect illicit drugs or paraphernalia. This is to be done by Law Enforcement. There may be circumstances in which it may become necessary to collect these illicit items. For instance, the Law Enforcement officer does not have proper sharps containers for a syringe, or Law Enforcement has left prior to collecting the illicit substance. Contact the on-duty Medical Examiner prior to collecting any of these items.

If illicit items are collected, place them in a paper bag labeled with the Case Number, Decedent's name and a description of the evidence. Log the items into the Field Evidence Form and have the Law Enforcement officer witness the form. Once back at SCMEO, log the items into the METS Evidence Form under Pathology. Enter your name in the "Collected by" section; then enter the date and a brief overall description of the items (i.e., evidence, suspected drugs etc.) in the Description field at the top of the form. Hit save at this point and an Error message will pop up. Exit out of the form then re-open it. The Law Enforcement agency and their Case Number will have been populated in those fields from the First Call page. Then enter each item separately in the Evidence Items section and save again. Select the Make List button and print two copies. Place one copy in the case file and another with the evidence items. Drop the evidence into the evidence room.

4.6 **Weapons - Firearms**

After photographing the firearm and after the weapon has been made safe (safety ON (if applicable), action OPEN and unloaded) the investigator can begin to package the weapon. Place a plastic zip tie through the weapon's action in a way that the action cannot close. Do not place anything into the barrel. Here are some suggestions for several action types.

Revolvers: Loop the zip tie through the cylinder chamber while the cylinder is open. Semi-Auto Pistols / rifles: Loop the zip tie through the breech and out through where the magazine fits in. Bolt Action: Simply remove the bolt or run the zip tie through the breech and the magazine or loading mechanism.

Pump Action: Run the zip tie through the breech and the magazine port or loading mechanism.

Break Action: Loop the zip tie around and in between the open action.

Sometimes a break action weapon cannot be packaged with the action open. If this is the case, insure that the weapon is unloaded and any safety mechanism is engaged.

Once the action has been rendered inoperable, place the firearm in an appropriately sized weapon box. Secure the weapon to the box with zip ties. If the weapon has a magazine, remove and empty the magazine of any ammunition. Secure it to the box with a zip tie as well.

For collection of ammunition, it is important to separate casings and live rounds based on location. Empty casings, whether found on the ground or chamber of the weapon are to be packaged separately in a paper bag or envelope. If several spent ammunition casings are found together in an area it is acceptable to package them all as one. Place the casing(s) in the paper bag/envelope and label with description, amount and case #. Collect live rounds from the magazine of the weapon and package together as described above. If additional live rounds are found at the scene, but not found on the decedent or in the weapon, it is acceptable to leave them at the scene. It is important, however, that they are photographed. Once packaged, place the ammunition in the weapon box with the firearm. On the exterior of the weapon box write the following:

- SCME case number
- Decedent's name
- Description of the weapon (including serial number)
- Law Enforcement Agency and their case number

Log the weapon and ammunition into the Field Evidence Form and have Law Enforcement witness.

Transport the weapon back to SCMEO. Once the packaging has been completed, place the weapon box with the decedent in the cooler. Enter the weapon and ammunition in the METS Evidence Form under Pathology.

Enter your name in the “Collected by” section; then enter the date and a brief overall description of the items (i.e., evidence, suspected drugs etc.) in the Description field at the top of the form. Hit save at this point and an Error message will pop up. Exit out of the form then re-open it. The Law Enforcement agency and their Case Number will have been populated in those fields from the First Call page. Then enter each item separately in the Evidence Items section and save again. Select the Make List button and print one copy to be placed in the case file. Pathology staff will examine, photograph and repackage these items prior to placing them in the evidence room.

4.7 Weapons – Knives, Sharp or Edged Weapons

After photographing the weapon(s), the Investigator may begin to package the weapon. If the weapon is still in the decedent, such as a knife, leave it in place and document the weapon on the Field Evidence Log and METS Evidence Form as described below. The weapon should be packaged in place to protect the exposed portion of the weapon. Pathology will remove and finish packaging the weapon. If the weapon is no longer in the decedent, place the weapon(S) in an appropriately sized weapon box and secure to the box with a zip tie. If there are multiple weapons, package separately. On the exterior of the weapon box write the following:

- SCME case number
- Decedent's name
- Description of the weapon
- Law Enforcement Agency and their case number

Log the weapon into the Field Evidence Form and have Law Enforcement witness. Transport the weapon back to SCMEO. Once the packaging has been completed place the weapon box with the decedent in the cooler.

Enter the weapon in the METS Evidence Form under Pathology. Enter your name in the Collected BY section, The Date and a brief overall description of the items (i.e. weapon.) in the Description field at the top of the form. Hit save at this point and an Error message will pop up. Exit out of the form then re-open it. The Law Enforcement agency and their Case Number will have been populated in those fields from the First Call page. Then enter each item separately in the Evidence Items section and save again. Select the Make List button and print one copy to be placed in the case file. Pathology will examine, photograph and repackage the weapon prior to placing it in the evidence room.

4.8 Devices – Ligatures

After photographing the ligature, the Investigator may begin to package the ligature. If the ligature is still on the decedent, leave it in place and document the ligature on the Field Evidence Log and METS Evidence Form as described below. Pathology will remove and package the ligature. Even if the ligature is still in-situ on the decedent; it may be necessary to cut the ligature in mid span or at the anchoring loop/knot. Leave knots tied. When cutting the ligature, wrap a

piece of tape around the area to be cut. Draw two arrows pointing toward each other and cut between these arrows. If multiple cuts are necessary, then number each half of the piece of tape to allow for easier approximation of the ends if needed. If the ligature is no longer on the decedent, place it in an appropriately sized paper bag. On the exterior of the bag write the following:

- SCME case number
- Decedent's name
- Description of the ligature
- Law Enforcement Agency and their case number

Log the Ligature into the Field Evidence Form and have Law Enforcement witness. Transport the ligature back to SCMEO. Once the packaging has been completed, place the ligature with the decedent in the cooler. Enter your name in the "Collected by" section; then enter the date and a brief overall description of the items (i.e., evidence, ligature.) in the Description field at the top of the form. Hit save at this point and an Error message will pop up. Exit out of the form then re-open it. The Law Enforcement agency and their Case Number will have been populated in those fields from the First Call page. Then enter the ligature in the Evidence Items section and save again. Select the Make List button and print one copy to be placed in the case file. Pathology will examine, photograph and repackage the ligature prior to placing it in the evidence room.

4.9 Release of Evidence

All evidence (including both homicides and non-homicides) are to be picked up by the investigating agency. The only exception to this will be medications and non-homicide evidence for the Snohomish County Sheriff's Office. Evidence is generally released by the Chief or Master Investigator. If the Chief or Master is unavailable, other Investigators may release evidence. Once evidence is ready, notify the investigating agency that they are to pick up the evidence. Follow the following steps to release evidence:

- Have the Detective or Prop/Evidence Tech Sign in.
- Find the Evidence Items in the Lockers in the Evidence Room. (Often the Locker # can be found listed in the METS Evidence Form)
- Bring up the Evidence Form in METS under Pathology.
- Verify that all items in the form match the items we have packaged. Do not forget the blood sample for Homicides that will be located in the small refrigerator in the evidence room.
- Fill out the release information on the Evidence Form.
- Select the RELEASE FORM button.
- Sign on tablet along with the Detective / Evidence Tech.
- Print two copies one for the case file and one to go with the evidence.
- Have the Detective / Evidence Tech sign out.

4.10 Release of Non-Homicide Evidence to the Sheriff's Office

These items are usually firearms and ligatures. Follow the applicable steps listed above.

- Fill out the required information in the release form and print a copy. Just write "SCSO Evidence" in the "released to" Section.
- Fill out the SCSO evidence form. See example on the wall of the evidence room.
- Transport the items to the SCSO Evidence Unit.
- Have the Evidence Tech sign the SCMEO Evidence Form and adjust the Date / Time released.
- Once back at SCMEO, correct the Date/Time and enter the name of the person the items were released to in the Evidence Form.
- Place the signed Evidence Form in the Case File.

Section 4.0 Notes and Revisions:

SECTION 5.0

DISPOSITION FOR INDIGENT/ABANDONED CASES

5.0 Indigent or Abandoned Bodies

Any indigent, unclaimed or abandoned body shall be held at the Snohomish County Medical Examiner's Office (SCMEO) or an authorized facility acting on behalf of the Medical Examiner's Office for a reasonable length of time (usually a minimum of 7 to 10 days), this will allow time for family members or relatives to respond or will allow legal guardians to make funeral arrangements in lieu of or in the absence of any family members. NOTE: The immediate next-of-kin has all legal rights and the legal obligation for making the final disposition.

In cases of refusal of family/ or legal guardians, who are not willing to make funeral arrangements, the SCMEO has the authority to facilitate final disposition of an indigent or abandoned body by cremation; authorization is pursuant to:

- **RCW 36.39.030**
- **RCW 36.24.155 and SCC 2.74.030**

5.1 Indigent/Abandoned Bodies at Hospitals or Funeral Homes

If a situation arises where a body that is at a hospital, nursing home, care center or at a funeral home, etc. and the agency has been unsuccessful in locating family members or if the decedent's family refuses to make final disposition for their family member, the SCMEO will then assume jurisdiction and assume responsibility for selecting a funeral home, who will in turn make final disposition at the direction of the SCMEO. Funeral homes contacted for indigent disposition will be maintained on a rotating schedule and the selection will be based on the contracted funeral home that is on rotation for that month.

- **Snohomish County Code – Chapter (Motion) – 07-056**

Prior to assuming Medical Examiner jurisdiction, it is the responsibility of the hospital staff, nursing home, adult care home, funeral home, etc. to generate a detailed report and provide in writing to the Medical Examiner's Office all evidence of their due diligence and efforts in attempting to contact the decedent's legal next of kin. The Agency or hospital is required to contact the next of kin in order to advise them of the decedent's death and to inquire about final disposition. The health care provider shall document all names, relationships to the decedent, telephone numbers, and dates and times of conversations. They will document all research and any contacts made to other agencies; this documentation shall verify their attempts to locate a legal NOK or any conversations with relatives and their kinship to the deceased who willfully abandon a body that is at their facility.

5.2 **Assuming Jurisdiction of Indigent/Abandoned Bodies**

Prior to assuming jurisdiction on an indigent case, the investigator shall contact the Chief Investigator or in his/her absence, the Master Investigator. All information should be provided to the supervising investigator prior to assuming jurisdiction.

If Medical Examiner jurisdiction is assumed, a SCMEO case number shall be assigned. A hard case file will be made on the reported case (not an NJA case). When completing the METS Confidential page under the funeral home selection and authorization blocks make sure to place a check in the **Body Unclaimed** option square.

5.2.1 Gather all available personal and medical information, including the name and contact information for the physician who is certifying this decedent's death.

5.2.2 The decedent must be transported to the SCMEO (for disposition only). Further investigation will be required in order to contact next of kin :

- Photograph the body at the location (i.e. Hospital, Nursing Home, etc.)
- Complete and have a witness sign the Identification form
- Complete and list all personal property on a Field Personal Property Form
- Request/Gather Medical Records
- Document any/ all possible names of possible relatives, case workers, friends, contacts, organizations, military records, etc. for use in making attempts at locating a NOK. Document all names, dates, times, conversations etc., (no matter how insignificant the information may seem at the time of the interview). **Document all information in the Confidential Notes section of Mets**
- On return to the SCMEO, use the Sign-In-Process as set by P&P.
- Immediately start to conduct searches for any information about the decedent and any possible next-of-kin information.

NOTE: DO NOT rely solely on subscriber search engines/services such as Acurrnt for researching a NOK.

1. Conduct an Internet Search (i.e. Google, White Pages, etc.)
2. Contact Snohomish County Sheriff Records or the Washington State Patrol ID Unit for any possible criminal history that may assist in locating family.
3. Contact Snohomish County Hospitals, followed by the following major trauma and research hospitals: Harborview Medical Center,

University of Washington, Seattle VA Hospital and Northgate Hospital. Other agencies that should be considered are: The Everett Gospel Mission, local law enforcement in jurisdictions where the decedent may have lived or worked, etc.

NOTE: Local and out of the area searches should be conducted.

4. Conduct interviews and if necessary request a written statement of any contacts who can report knowledge of next-of-kin or any related information.
- Once a reasonable effort for locating next-of-kin has been exhausted, the Chief Investigator/ Supervisor will review the case and make a determination as to releasing the body to the contracted funeral home for removal and final disposition.
 - **DOCUMENT ALL INFORMATION WITHIN METS (ON THE CONFIDENTIAL PAGE)**
 - **NOTE:** Pathology will process the body in the same manner as any other SCME case that comes into this office.
 - Either a complete or external examination will be completed.
 - The primary care provider will still sign the death certificate when available/ appropriate.
 - In the absence of a primary care provider, or if deemed necessary by the duty Medical Examiner, the SCMEO may decide to issue and sign the Death Certificate internally.

5.3 Interested Parties of Indigent/Abandoned Decedents

Individual who are interested in participating or facilitating burial or cremation for decedents who have come under the jurisdiction of the Medical Examiner and identified as indigent or abandoned bodies must seek and be granted a petition and order by a court within the state of Washington. The Court must identify the interested individual by providing them with a Granting Letter of Administration of an Estate and/ or Oath of a Personal Representative. Interested parties wishing to handle the Estate of a decedent, including burial, can apply with the Superior Court in Snohomish County for an appointment to handle the Estate under court supervision.

If a person wishes to contribute to the cost of a cremation of an indigent or abandoned body, they may do so by providing the cost of the cremation or any portion of the cost to the Snohomish County Medical Examiner's Office. Contributing to the final disposition **WILL NOT** entitle the contributor the authority

to claim or take into their possession the cremated remains of the decedent. The contributing individual will not be entitled to any benefit or reciprocity from Snohomish County, the funeral home, the decedent's estate or the decedent's next of kin. However, if at a later date the decedent's next of kin is located, the Snohomish County Medical Examiner's office will attempt to provide the name and contact information of any individual(s) who had made contributions to the decedent's final disposition.

Section 5.0 Notes and Revisions:

SECTION 6.0

IDENTIFICATION

6.0 Identification

Investigators are the primary staff members responsible for processing incoming and releasing outgoing cases. **DO NOT** release any body from the Snohomish County Medical Examiner (SCME), **UNLESS** positive identification has been established and a Medical Examiner has authorized the release in the METS data base.

The following are protocols and procedures that are utilized by the SCMEO to positively identify decedents. All Investigators shall be trained to perform each of these methods. No decedent will be released from the Snohomish County Medical Examiner's Office unless the decedent has been positively identified, and the method of identification is recorded on the METS confidential page.

The purpose of this policy is to identify several methods to be utilized when attempting to positively identify a decedent on scene or an unidentified or unidentifiable decedent brought to the SCMEO. One or more of these methods shall be applied in each case on all decedents. All Investigators will be trained to be familiar with each of these methods:

- NEXT OF KIN VISUAL IDENTIFICATION;
- IDENTIFICATION WITH A GOVERNMENT-ISSUED ID CARD;
- FINGER PRINT COMPARISON;
- DENTAL X-RAY COMPARISON;
- MEDICAL X-RAY;
- DNA COMPARISON.

When the Medical Examiner determines that identification is established, he Investigator shall enter the date and method of identification into METS.

6.1 Identification on Homicide Cases

Upon authorization by the SCMEO Medical Examiner, full ten-digit fingerprints shall be obtained on all homicide or suspicious death cases, utilizing the digital fingerprint program and pad located on the processing/transfer desk in the SCMEO garage. The full SCMEO case number shall be entered into the fingerprint program template to identify the fingerprints that are taken. The full SCMEO case number shall be used included with initials of the investigator(s) taking the fingerprints (example, if Inv. Tim Robb was taking the fingerprints on case 10SN9876, then the identification marker would read as follows: 10SN9876-TR). **ALL TEN FINGERS SHALL BE TAKEN ON HOMICIDE AND SUSPICIOUS DEATHS.** The Investigator shall review the fingerprints taken to insure the quality of the fingerprints. The fingerprints will then be saved and

downloaded into the "T" drive, then transferred and stored into the respective SCMEO case photo file. If a body is in a decomposed or mutilated condition and fingerprints are not obtainable, a note shall be made in the database explaining why fingerprints were not taken. The SCMEO Medical Examiner shall be advised and other methods may be used to obtain fingerprints with permission from the Medical Examiner.

All homicides shall be identified scientifically regardless of scene circumstances. Scientific identification includes comparison of antemortem and postmortem examinations utilizing fingerprints, medical x-rays, dental x-rays, or DNA. In the rare instance in which scientific identification is not possible (no fingerprints, medical x-rays or dental x-rays), the evidence necessary for positive identification is reviewed by the Medical Examiner of record on a case-by- case basis.

NOTE: Homicides are NOT released until the method of identification is verified by the official agency and person performing the required tests/ or comparisons such as fingerprints, body x-rays, or dental x-rays OR the Medical Examiner of record has authorized release based on other evidence of identification (which MUST be noted in the comment box).

6.2 Visual Identification

If an Investigator is at a scene and the next of kin or a close relative is present, or another person who can reliably identify the decedent, that person may visually identify the decedent and sign an identification verification form from our office. They must fill in all of the blanks. Visual identification of decedents by family or friends may also be accomplished at the SCMEO. The SCMEO is equipped with a viewing room which is available visual identification if necessary; however, it is the preferred policy and practice of the SCMEO to obtain visual identification by digital photography.

6.3 Photographic Identification (Photo I.D. Card)

If the Investigator is at a scene and the decedent is visually identifiable, but there is no family or next of kin present or the family/next-of-kin do not want to view the decedent, an identification based on visual comparison of the decedent and a government-issued photo identification card may be performed. Make this comparison along with law enforcement. The photo ID card must accompany the body to the SCMEO. The law enforcement official attending the scene must sign an identification verification form from our office.

6.4 Fingerprint Comparison

All decedents transported to the SCMEO will be fingerprinted. The processing Investigator is responsible for this task and he/she shall obtain fingerprints from the decedents thumb, index and middle fingers, bilaterally (BOTH LEFT AND RIGHT HANDS). This will be done on all routine cases. On HOMICIDE or Suspicious deaths, or if the decedent's hands are protected with a paper bag or if the body bag is sealed, then the processing Investigator shall delay fingerprinting

until authorization is granted by the Medical Examiner. The Investigator will document that fingerprints are needed. This will be noted on the white board in the Investigator's office, in the METS database, on the case follow-up form and it shall be verbally passed-on to the on-coming Investigators.

Fingerprints shall be obtained by using the NEC scanning pad. Once the prints are obtained, they shall be downloaded into the decedent's photo file. If the decedent's fingerprints are unobtainable due to injury, mutilation and/or decomposition, with the authorization of the Medical Examiner, the Investigator may use alternative methods such as an ink pad and print cards.

If identification is in question, the Investigators shall send the fingerprints the Washington State Patrol ID unit via email and request their assistance. Page one of the Medical Examiner's Record needs to be faxed to the ID unit after you email the prints. The WSP ID Unit's fax number is 360-534-2074. If an extended search is necessary (no local or AFIS comparison available) perform the same criteria as above and send the prints to the FBI for possible comparison from prior military service, prior arrests, etc. Make sure to include our ORI# WA03101MZ when sending requests to the FBI.

FBI Special Processing (304) 625 2000 FAX: (304) 625 5587
spc@leo.gov

6.5 Medical Imaging Comparison (X-ray /CT Scans)

If obtaining traditional fingerprint identification is not possible, the Investigative staff shall attempt to contact a hospital or the decedent's primary care physician and see if there any medical x-ray/radiology or CT/MRI scans are available. The intent is to utilize these radiographs or scans to identify the decedent by comparison. If there are imaging studies, issue a subpoena and arrange to pick them up or for delivery to this office. Try to obtain the imaging in digital format on disk.

6.6 Dental Comparison

If there are no medical X-rays, attempt to locate the decedent's dentist. Ask if there are dental radiographs and dental charting that this office can use. If there are dental x-rays and charting, issue a subpoena and arrange for pick up or delivery to this office. Ask the dental office for original dental radiographs and copies of the decedent's dental charting. The on-duty Investigator shall contact the on-call Forensic Odontologist (DDS) to make them aware of the need for their services. The current on-call Forensic Odontologists are Dr. Gary Bell and Dr. Stephanie Kavanaugh. Dr. Bell can be reached at 206-817-6751 or 425-775-1453 and the fax number is 206-524-0765. Dr. Kavanaugh can be reached at 425-391-0191 (office) and 206-608-5915 (cell). The odontologist will perform the

postmortem dental x-ray at the SCMEO using the SCMEO digital x-ray located in the isolation autopsy room.

6.7 DNA Comparison

If there are no other means available for identification, the Medical Examiner may elect to submit for DNA testing. If this decision is made, the assigned Investigators shall follow the protocol for the United States Department of Justice, Combined DNA Index System (CODIS) program. This technique should be the last resort for unidentified remains. This entails obtaining deep muscle tissue, long bone or teeth from the decedent and sending it to the FBI CODIS and Unidentified Remains Program.

**FBI Laboratory
CODIS (703) 632-8315
Nuclear DNA analysis (703) 632-8446
Mitochondrial DNA analysis Unit II (703) 632-7572**

This protocol may require a possible specimen source such as a close relative to the tentatively identified decedent, who that is willing to donate a DNA sample. This sample will be sent with the specimens from the decedent to the CODIS program. If the FBI can identify the remains, this office will be contacted. If identification cannot be made, then the DNA samples will be entered into the CODIS and the unidentified remains data bank and you will be notified. The specimens will be returned to this office thereafter.

If the case in question is determined to be a homicide, the Washington State Patrol may be utilized. Forensic serology is available through the Washington State Crime Lab.

**Washington State Patrol
CODIS Crime Laboratory
2203 Airport Way South
Seattle, WA. 98134
(206) 262-6020
(206) 262-6091 (fax)**

6.8 Identification of Unidentified Remains

In cases involving unidentified bodies and human remains, any postmortem examination or autopsy conducted at the discretion of the Medical Examiner is to include specified procedures, including:

- Taking of all available fingerprints and palm prints.
- A dental examination consisting of dental charting and obtaining dental x-rays.
- The collection of tissue, including a hair sample, or body fluid samples for future DNA testing.
- Frontal and lateral facial photographs with the scale indicated.

- Notation and photographs with a scale of significant scars, marks, tattoos, clothing items, or other personal effects found with or near the body.
- Notations of observations pertinent to the estimated time of death.
- Precise documentation of the location of the remains.

The postmortem examination or autopsy of the unidentified body or remains may include full body x-rays. The body of an unidentified deceased person may not be cremated or buried until samples necessary for identification are retained for future possible use.

Unidentified bodies include:

Decedents that have a tentative identification, but for whom identification should be confirmed by scientific means, shall be identified in the following manner. These cases consist of decomposed bodies, fire fatalities, or trauma cases that render visual identification impossible.

These cases will have the word TENTATIVE or "TENT" after the last name until scientific identification is performed. When entering into METS place the last name first, then the word "TENT" so that a name search can be conducted. When identification is confirmed, the "tentative" designation is removed and the method of identification indicated in the identification section of the report.

Cases in which no name is associated with the remains are to be designated by sex and race (if known). For example, they may be designated as "Unidentified White Male" or "UWM". Efforts must be made to obtain identification and should first include submitting fingerprints to AFIS. Coordination should also be undertaken with the law enforcement jurisdiction to canvas the area around the scene of death with a description or photograph of the decedent.

- Methods to follow for identification on unidentified remains will include:
 - a. fingerprint comparison through the WSP, the FBI, or other local agencies with fingerprint files;
 - b. dental x-ray comparison;
 - c. medical x-ray comparison; or
 - d. DNA comparison (last resort).

If the decedent remains unidentified, postmortem dental evidence shall be forwarded by the odontologist to the Washington State Patrol's Missing/Unidentified Persons Unit. This identification system is established and mandated by Washington State statutes (RCW 68.50.310). An additional resource available to this office for identifying missing persons is to register the case with the NamUs reporting and searching system of data on missing persons and unidentified human remains.

Section 6 Notes and Revisions:

SECTION 7.0

MEDICAL EXAMINER JURISDICTION

7.0 Medical Examiner Jurisdiction:

The Snohomish County Medical Examiner's Office may assume jurisdiction for reported deaths that occur or are found within the geographic boundaries of Snohomish County in accordance with RCW 68.50.010:

The jurisdiction of bodies of all deceased persons who come to their death suddenly when in apparent good health without medical attendance within the thirty-six hours preceding death; or where the circumstances of death indicate death was caused by unnatural or unlawful means; or where death occurs under suspicious circumstances; or where a coroner's autopsy or post mortem or coroner's inquest is to be held; or where death results from unknown or obscure causes, or where death occurs within one year following an accident; or where the death is caused by any violence whatsoever, or where death results from a known or suspected abortion; whether self-induced or otherwise; where death apparently results from drowning, hanging, burns, electrocution, gunshot wounds, stabs or cuts, lightning, starvation, radiation, exposure, alcoholism, narcotics or other addictions, tetanus, strangulations, suffocation or smothering; or where death is due to premature birth or still birth; or where death is due to a violent contagious disease or suspected contagious disease which may be a public health hazard; or where death results from alleged rape, carnal knowledge or sodomy, where death occurs in a jail or prison; where a body is found dead or is not claimed by relatives or friends, is hereby vested in the county coroner, which bodies may be removed and placed in the morgue under such rules as are adopted by the coroner with the approval of the county commissioners, having jurisdiction, providing therein how the bodies shall be brought to and cared for at the morgue and held for the proper identification where necessary.

While the Medical Examiner's Office works hand-in-hand with law enforcement, the prosecuting attorney and various health agencies, the Medical Examiner has fully separate and independent authority and jurisdiction over the medical investigation of deaths. The authority and responsibility for making a decision as to whether or not jurisdiction will be assumed rests with the Medical Examiner's Office. Jurisdiction will not be assumed in all reported deaths.

7.1 Pronouncement of Death:

No Medical Examiner staff member shall "pronounce death." By definition, the Medical Examiner's Office is not notified until the pronouncement of death has occurred. Washington State law does not define who may pronounce death. Generally, Emergency Medical Technicians, Paramedics, Physicians, Nurse Practitioners, Physician Assistants, and Registered Nurses pronounce death in Snohomish County. When death occurs in a private residence, the Medical Examiner's Office should not be notified until such pronouncement has occurred,

and even if the death is expected, death must be formally pronounced before the Medical Examiner's Office becomes involved.

7.2 Reporting of Deaths:

Deaths coming under the jurisdiction of the Medical Examiner system, as defined in Washington State law, are required to be reported to the Medical Examiner's office promptly. The main line telephone number (425-438-6200) for the Medical Examiner's Office is published in telephone books and directories for the entire county. It is staffed 24 hours a day by a Medical Investigator who will determine the disposition of the case and respond to the scene when appropriate. See Investigations Policy and Procedure, Section 15, Responding to Scenes.

Deaths may be reported by any individual, agencies, hospitals, law enforcement, EMT's, and community groups. The Medical Examiner's Office educates the community in regard to reporting deaths and what types of cases come under the jurisdiction of the Medical Examiner's system. This office encourages all agencies to report all deaths and requires reporting when there is any question or uncertainty as to the cause or manner of death. The office accepts all death reports and will review the circumstances surrounding the death for the purposes of determining jurisdiction. Typically, deaths are reported via law enforcement agencies, physicians, or hospital personnel as follows:

- Law enforcement agencies report all unexpected home deaths, any suspicious deaths, and any deaths which appear to be unnatural.
- Hospitals and physicians are also required to report the categories of death defined in the State law. On a biannual basis, the Medical Examiner's Office will remind the hospitals in writing of the types of cases that come under the jurisdiction of the ME system.
- Home health care agencies and nursing homes report all deaths.
- All death certificates signed in Snohomish County are reviewed by Vital Statistic of the Snohomish Health District. The Vital Statistics staff report deaths to the SCMEO when the cause or manner of death appear to be of the type that may come under the jurisdiction of the Medical Examiner.
- Funeral Homes are also encouraged to report any death which they believe may fall under the jurisdiction of the Medical Examiner's Office.

The Medical Examiner's Office will accept notification from any person who has become aware of a death that might fall under the jurisdiction of the Medical Examiner's system—or who inquires about the potential reportability of any death within Snohomish County. Private citizens who report a death will be directed to also advise law enforcement of jurisdiction.

7.3 Acceptance/Release of Medical Examiner Cases

All reported deaths shall be screened by the Medical Investigators with consultation as needed with the Medical Examiner or the on-call Chief Medical Investigator or Master Medical Investigator. The Investigator should inquire as to the nature and

circumstances of the death and gather sufficient information on which to base a determination as to whether Medical Examiner jurisdiction should be assumed or released.

The decision as to whether jurisdiction is accepted or released rests solely with the Medical Examiner's Office, not the reporting individual or agency. Staff will take opportunities to inform reporting individuals as to the statutory guidelines and dispel misinformation or misunderstandings concerning jurisdiction and public death investigation.

The Medical Examiner's Office will make every effort to insure that review of circumstances surrounding the death and determination of Medical Examiner's jurisdiction are completed as promptly as possible.

For each and every death that is reported to the Medical Examiner's Office a case number is assigned and a written report will be generated in the Medical Examiner's Tracking System (METS), either as a *No Jurisdiction Assumed* (NJA) case or as a *Snohomish County Medical Examiner* case of jurisdiction (SCME). The report will include the initial contact case information. Each morning the "8:00 AM Case Report" is printed and each NJA and SCME report from the previous 24 hours is individually reviewed at by the Chief Medical Examiner, Associate Medical Examiner and the Chief Medical Investigator to verify the determination of jurisdiction.

7.4 SCME Cases

The reason which best describes why jurisdiction is being assumed is to be made a part of the written record and included in the investigative report:

- (1) **SUDDEN OR (2) UNATTENDED:** The Death occurred suddenly when in apparent good health without medical attendance within the 36 hours preceding death.
- (3) **SUSPICIOUS:** The circumstances of death indicate death was caused by unnatural or unlawful means or where death occurs under otherwise suspicious circumstances.
- (4) **EVIDENCE OF VIOLENCE:** Acute violence; or if remote injury occurred and such injury is felt to be related to death at this time.
- (5) **IN JAIL OR PRISON**
- (6) **EVIDENCE OF VIOLENT CONTAGIOUS DISEASE:** Which may be a public health hazard.
- (7) **FOUND DEAD OR UNCLAIMED:** Where a body is found dead or is not claimed by relatives or friends.
- (8) **ALL PREMATURE AND STILLBORN INFANTS**

7.5 NJA Cases:

Natural deaths of persons whose identity is known do not fall under the jurisdiction of the medical examiner. The investigator shall document

the information provided that leads to the reasonable conclusion of natural death, including medical history, and issue a No Jurisdiction Assumed (NJA) number to the reporting agency.

The criteria and written record for release of a death with no jurisdiction assumed (NJA) shall include the following:

1. The reported natural death occurred under the care of Hospice, Visiting Nurses Association, or Nursing Homes, hospital, medical care provider;
2. The medical care provider is familiar with the decedent's medical history and recent medical course;
3. The decedent's medical history is sufficient to explain the cause of death and manner of death as natural;
4. The medical agency's employee at the scene and/or law enforcement at the scene reports no unusual or suspicious circumstances; and
5. The medical care provider can verify that no accidental or other mandatory reporting circumstances exist.

Section 7 Notes and Revisions:

SECTION 8.0

NEXT OF KIN

8.0 Legal Next of Kin

This section will provide standards and guidelines for establishing identification and notification of next-of-kin. It will also detail Communication between families and funeral home disposition and arraignments.

8.1 Legal Next of Kin-Defined

Next-of-kin are relatives that are most closely related to the deceased according to the hierarchy order as described in RCW 68.50.160

1. The surviving spouse or state registered domestic partner. **NOTE:** *Washington State does not recognize common-law marriage.*
2. The surviving adult children (18 years of age or older) of the deceased.
3. Parents of the deceased.
4. Adult siblings (18 years of age or older)
5. Any responsible party acting as a representative of the decedent and undersigned authorization of the decedent.

8.2 Notification of Next of Kin

The Medical Examiner's Office is charged with the identification, location of and notification of a decedent's next of kin in all deaths that occur within our jurisdiction. This can be a complex and high-stress duty that **should be accomplished as soon as the decedent is identified and as soon as possible after the death**. This task is never easy, whether performed in person and at the family's residence or over the phone. The goal is to notify the decedent's next of kin of the death as soon as reasonably possible and to provide them with clear and accurate information. The Snohomish County Medical Examiner's Office will attempt to make in-person death notifications whenever possible. When an in-person death notification is made, the Snohomish County Investigator is required to be accompanied by a law enforcement officer for all in-person notifications. Care should be taken in obtaining and verifying accurate address information for the next-of-kin prior to attempting an in-person notification.

In cases where problems arise obtaining information regarding the correct address of next of kin, or where extreme burdens arise due to geographical location, case work-load time constraints or other factors that precludes in-person notification by staff, the following alternatives may be used to notify the next of kin:

- Contact the on-duty Chaplain for the area through SNOCOM and/or SNOPAC dispatch and request that they make the in-person notification of death. Provide

the Chaplain with the basics of the death circumstances, family member's name, address and phone number. Ask that the Chaplain have the family call this office while the Chaplain remains at the home. The investigator responsible for the case will be in the most qualified position to evaluate the situation and make the best possible effort to establish notification with the least amount of personal hardship on the survivor. This does not mean that notification will be delayed due to the Investigator responsible for the notification being off-shift or due to completing his or her shift. The oncoming shift will be briefed and they will complete the notification in a timely manner. Allow time for the survivor to talk about circumstances or events. Remember that they are probably in shock. If the survivor is alone, ask if you can call someone for them.

- Contact law enforcement agencies or other appropriate persons and request that they act as our agent and make an in-person notification to the next-of-kin.
- Notification of next-of-kin by telephone may be used when time or other external factors may involve notification from an unreliable source.
- The next-of-kin of an active homicide or suspicious death will normally be notified by the investigating law enforcement agency. The Medical Investigator shall coordinate with Law Enforcement regarding contact with the next-of-kin.

a. Contacting next of kin or relatives who live outside Snohomish County

- Contact local Coroner/Medical Examiner or law enforcement agency to make in-person notification, as a courtesy, if possible.
- If a local relative can be established and contacted, they may notify the legal next-of-kin.
- If a local legal representative can be located, they may make notification.

b. At times, the Medical Examiner's Office will be contacted and asked to perform a courtesy death notification on behalf of out-of-area agencies. The Snohomish County Medical Examiner's Office does not perform death notifications for any outside agency. The Investigator will direct the person requesting the notification to contact the appropriate local law enforcement agency.

8.3 Next of Kin Search

Investigative staff shall conduct due and diligent search for the immediate next-of-kin on all deaths accepted for jurisdiction. If the family has been notified by another agency, this office is still required to make contact with them as soon as possible. The search for next-of-kin shall be listed and documented via time and date in the METS data base. Each entry shall provide information that may lead to the discovery of next of kin. Notifying the family of the death is of great importance and all information shall be documented to avoid duplication of work and to accurately demonstrate our efforts. Again, all information SHALL be documented in the Confidential Notes section of METS. The following suggestions may help in accomplishing this task:

1. The investigator should make a thorough search at the scene of death for any information regarding family/next-of-kin. Be aware of the less obvious areas that may hold information.
 - a. Cell phone history
 - b. Internet searches
 - c. Bills, such as telephone, physician, cell phone
 - d. Lease or rental agreements
 - e. Money lending business cards
 - f. Alternate sources of information regarding next-of-kin:
 - Contact other relatives, if possible.
 - Contact the decedent's minister, preacher, priest or physician.
 - Contact a neighbor for additional information on survivor.
 - Legal representative or guardian
 - If on job, have the employers make initial contact with survivor, (i.e., supervisors, foreman, fellow employees, etc).
 - Even if a deceased person is not on the job, but you are able to verify his place of employment, attempt to contact them. They could be beneficial in the notification.
2. If there is no known information regarding family, then the investigator must perform a public records search.
 - a. Check with hospitals for emergency contact information.
 - b. Check with local and State correctional facilities for possible booking information.
 - c. Check with the Veteran's Administration.
 - d. Check directory assistance for decedent's phone number; also check for same surname in area.
 - e. Utilize an internet search engine or internet agency.

8.4 Communication with Family

A family in shock or denial is a difficult resource to access. There is a natural tendency for the investigator to seek other persons for information regarding the deceased. The family is the best source of information regarding personal statistics such as age, date of birth, occupation, and such; but they may not know important life style behaviors, such as drug abuse or deviant sexual behavior. Make sure that you specifically inquire about any recent health/behavior changes. Also ask to see all medications and get the names/phone numbers of all health care providers (including non-medical health care providers).

Time constraints that may occur due to the need to remove a body from public view or other situations may require that the investigator interact with family members in a direct yet tactful manner. Take command of the situation. You are the best qualified person to introduce a stable and rational dialog. At the same

time be compassionate; this can be a difficult balance, but people are more likely to talk with someone that cares about them.

Families should be told what procedures will be done and an approximate time that they can expect to have the deceased released to the funeral home. It is best that the family is told that an examination will be performed which may include an autopsy. If the family is non-English speaking, utilize the Language Line for assistance. There is a brochure that you can give to both English and Spanish speaking family members. Document in METS that the family member does not speak English.

When a family member is contacted via telephone, the conversation shall be documented in the confidential section of METS. Document the date, time, person's name and contact information.

8.5 Next of Kin Opposing Autopsy, Admonition

(NOTE: See section 1.7)

According to Washington State law, the Medical Examiner's Office may perform autopsies, even without family consent, in those cases that properly come under the authority of the Medical Examiner's Office. However, if a family is strongly opposed to autopsy for religious or other reasons, an opposition will be taken into consideration. This decision will be made by the Chief Medical Examiner or his/her designee. In the rare instance where an admonition is granted, the family will be required to complete and sign an *Admonition Opposing Autopsy Form*. This admonition form can ONLY be signed by the legal NOK at the Medical Examiner's Office.

In cases where Next of Kin are opposed to an autopsy examination, the investigator shall perform the following tasks:

2. The Medical Examiner Death Investigator shall document in the case narrative that "family members are opposed to autopsy," this documentation will consist of detailed information as to which family member is opposed to an autopsy examination and for what specific reasons.
3. The investigator shall document the legal next of kin's contact information to allow the Medical Examiner's Office to reach next-of-kin prior to autopsy.

A Medical Examiner staff member will contact the family in cases where autopsy is opposed to discuss the need for autopsy. In rare cases, families may be allowed to complete an *Admonition Opposing Autopsy*. Typically this may occur in cases that are apparent natural deaths based on investigation and/or medical history and where the Medical Examiner or Associate Medical Examiner is satisfied with the investigation, and believes that there are no unclear circumstances surrounding the death. These cases are reviewed on a case by case basis.

8.6 Funeral Home Selection

The selection and handling of funeral arrangements shall be performed by the immediate next-of-kin. Keep in mind that the Executor of the decedent's Last Will & Testament may take precedence over the immediate next-of-kin. Also if the decedent had made and purchased funeral arrangements prior to death, then that selection will take priority over all others.

1. The immediate next-of-kin should be told by a staff member of this office of the requirement that they have regarding funeral arrangements as soon as possible. Explain the release procedures and give them an approximate date that the body might be ready for release.
2. If the immediate next-of-kin requests that another person act in their place, they are required to contact this office either verbally or in writing and advise us of the individual that is authorized to make the funeral service selection. (Verbal authorization is not sufficient for property release or release of records. Authorization for those must be in writing.)
3. **It is the policy of the Snohomish County Medical Examiner's Office that Medical Examiner staff members DO NOT recommend any funeral home or cremation service agencies.** Staff members may direct families requesting funeral home information to the internet and or the telephone book.
4. The immediate next-of-kin or designated family member should contact this office and advise a staff member as to which specific funeral home the decedent should be released. The staff member shall document the selection, date and authorizing name on page 2 of METS in the appropriate spaces.
5. When the family has selected a funeral home, this office will contact the selected funeral home when the decedent is ready to be release from this facility. This will be done only when the decedent has been authorized to be released to a funeral home by the assigned Medical Examiner.

Section 8 Notes and Revisions:

SECTION 9.0

ON-DUTY MEDICAL EXAMINER

ON-DUTY CHIEF/MASTER INVESTIGAOR

9.0 On-Duty Medical Examiner

The Snohomish County Medical Examiner's Office is staffed with an On-duty Medical Examiner who is available for consultation in person or on-call for all forensic investigation and operational matters, 24 hours a day, 7 days a week.

The On-duty Medical Examiners usually alternate week to week with the change of duty occurring on Tuesday afternoons. The on-duty Medical Examiner name is written and posted on the white case census board in the investigative office. The investigative staff is required to contact the On-duty Medical Examiner regarding certain specific cases noted below or for any other concern with regards to death investigation:

A. Homicides

1. It is the policy of this department that the on-duty Medical Examiner will respond to the scene of all homicides, excepting delayed homicides that died in hospital.
2. The Investigator should obtain all available information regarding the circumstances of death. Inform the law enforcement agency to re-contact this office at least one (1) hour prior to our requested response to the scene. In most situations the Medical Examiner will ride to the scene with the investigator.

B. Suspicious Deaths

1. The Investigator should contact the on-duty Medical Examiner for all suspicious deaths reported by law enforcement.
2. Handle as a homicide as per the instructions above.

C. Scene Fire Fatality

1. The Investigator should inform the Medical Examiner of the circumstances surrounding the death and any suspicion of criminal involvement.

2. If the Medical Examiner chooses to respond to the scene, then handle as per the homicide instructions.

D. In-Custody Death(s)

1. Inform the Medical Examiner of the circumstances surrounding the death.
2. If the Medical Examiner chooses to respond, handle as per the instruction in the homicide section.
3. The Medical Examiner does not need to be contacted regarding expected deaths of inmates at the hospital or prison (WA DOC Monroe Correctional Facility)

E. Police- Involved Fatality

1. Inform the Medical Examiner of the circumstances surrounding the death.
2. If the Medical Examiner will respond to the scene then handle as per homicide instructions.

F. Human Skeletal Remains

1. Inform the Medical Examiner of available information including law enforcement agency, description of site, weather information available daylight and if scene processing is to be delayed by law enforcement.
2. After consultation with the Medical Examiner; determine a response time with law enforcement and check that anthropology/archeology box is stocked.

G. Sudden natural deaths of persons less than 60 years of age

1. Does not include expected hospice deaths
2. **Only those deaths where private physician is to certify the death.**
3. Inform the Medical Examiner of circumstances of death, complete medical history including medications, the results of your conversation with the primary care physician, assurance that primary care physician will certify the death and the probable causes of death.

H. Any mass fatality case (e.g., two or more deaths)

- I. **High profile case(s) such as:** Community leaders, politicians, political officials and/ or any individual whose death may generate intensive media attention.

J. Aircraft-Related Fatalities

1. The Investigator should inform the Medical Examiner of the circumstances surrounding the incident, death and agency involvement.
2. The Medical Examiner may choose to respond to the scene at his/her discretion base on the information presented.

9.1 On-Duty Chief/Master Investigator

The Snohomish County Medical Examiner's Office is staffed with an on-duty Chief or Master Investigator who is available for consultation or assistance in-person or on-duty for all forensic investigation and operational matters, 24hours a day, 7 days a week.

The Chief and Master Investigators usually alternate week to week with the change of duty occurring on Tuesday afternoons. The on-duty Chief or Master Investigators name is written and posted on the white case census board below the on-duty Medical Examiner. The staff is required to contact the Chief or Master Investigator for the following:

- A. If a staff member has any policy or procedure question pertaining to an on-going investigation.
- B. Any mass fatality case (Two or more deaths)
- C. When case assistance is needed due to high case load, needed support or lack of shift coverage.
- D. Staff member injury, regardless of severity.
- E. High profile case (Community leaders, politicians, political officials and or any individual whose death may generate intensive media attention).
- F. Collisions or damage involving any Medical Examiner Vehicle or equipment.
- G. Communication issues or disruptions (Telephones, radios, answering service, forwarding capabilities and or inability to call in or out).
- H. Inability to report for work or perform duties.
- I. The need for emergency leave.
- J. Computer/database malfunctions that disrupt service.

- K. Scheduling problems of an urgent nature.
- L. Request for Overtime (Investigator MUST receive approval prior to working any overtime hours).
- M. Prior to the On-duty Investigator responding to remote death scene location.
- N. Any Medical Examiner facility malfunction or equipment failure.

Section 9 Notes and Revisions:

SECTION 10.0

ORGAN AND TISSUE DONATION/PROCUREMENT

10.0 Organ and Tissue Procurement

It is the intent of the Snohomish County Medical Examiner's Office to facilitate the procurement of anatomical gifts to the greatest extent possible, keeping within the parameters of the Uniformed Anatomical Gift Act (UAGA) and the investigative requirement and responsibilities of this office. It is essential that the Medical Examiner's Office not be identified as a solicitor of tissue and/or organs. If an investigator requests organ/tissue donation, that investigator will be acting outside the policy of the Medical Examiner's Office. Investigators may ask a family if they wish organ procurement to occur. If the family wishes the decedent to be a donor, the investigator may notify the procurement agency.

10.1 Donor/Procurement Authorization

Only the surviving legal next of kin of the decedent can authorize organ/tissue procurement for transplantation. The Medical Examiner has the authority to provide permission and authorization to release a body under our jurisdiction, for anatomical gift recovery. This authorization provides access to the decedent's remains for consented tissue recovery for procurement.

10.2 Medical Examiner Donor Authorization/ Permission

If a death falls under Medical Examiner jurisdiction (SCMEO case), obtain detailed information regarding the circumstances of death, law enforcement involvement, hospital course, and anatomical gifts requested from the requesting agency. Obtain a copy of the hospital records, admission blood samples and any needed radiology films. The Snohomish County Medical Examiner's Office will review the nature of the potential donors death and the circumstances surrounding the potential donors death. The authority to release a body under our jurisdiction, for anatomical gift recovery, rests solely with the Chief Medical Examiner and/or his designee (Associate Medical Examiner).

10.3 Notification by Organ/Tissue Procurement Agency

The Medical Examiner's Office is generally notified of a potential donor case by an organ procurement agency (OPA) representative. The Medical Examiner's Office recognizes clinical brain death as the official date and time of death. If organ or tissue procurement is being considered, this office should be contacted by the OPA immediately after brain death is pronounced. The OPA representative shall contact this office via telephone and in writing via fax to request permission for access to the decedent's body. When this occurs, Investigators shall:

- a. Determine if the death falls under the Medical Examiner's jurisdiction. If the death does not fall under the jurisdiction of the Medical Examiner, gather the required information and issue an NJA number. Advise the OPA that the Medical Examiner will not be involved in the case and they are free to seek authorization for procurement from the decedent's legal next of kin.
- b. If death falls under the jurisdiction of the Medical Examiner, obtain detailed information regarding the circumstances of death, law enforcement involvement, hospital course, and anatomical gifts requested from the requesting agency. Obtain a copy of the hospital records, admission blood samples and any needed radiology films.
- c. A Snohomish County organ/tissue procurement screening form must be faxed to the Snohomish County Medical Examiner prior to procurement. Once the request for procurement has been received by this office, inform the requesting agency that you will contact them as soon as possible after a Medical Examiner has made a decision on the feasibility of the request for procurement.
- d. Conduct a preliminary investigation on jurisdictional cases; i.e., contact law enforcement to inquire about scene and circumstance information, and (if applicable) request medical records. This should be done to provide the on-duty Medical Examiner with accurate and adequate information surrounding the jurisdictional death.
- e. Contact the on-call Medical Examiner and advise him/her of the death and all the information surrounding the death. Provide the name of the tissue procurement agency and advise the Medical Examiner of the organs or tissues requested for procurement. The on-call Medical Examiner shall provide the Investigator with procurement authorization or instructions. This may include any restrictions and/or limitations. Complete the organ/tissue procurement screening form and fax the form to the OPA representative.

- f. Contact the OPA representative and advise him or her that permission for procurement was denied or authorized. If procurement is authorized, provide the OPA of any restrictions and/or limitations. Advise the OPA that when the body is returned, they must provide photographs of the anatomic gifts harvested, written operative notes describing the body and organs harvested, and blood and uncontaminated vitreous samples.
- g. Advise the OPA that they **MUST** maintain frequent communication with this office, keeping the Medical Examiner informed as to the progress of the procurement and the location of the decedent (i.e., the decedent's scheduled time for procurement, the decedent's transport to a specific procurement center, etc).
- h. Make arrangements for the release and transfer of the decedent's body to the procurement agency.

10.4 Procurement in Cases of Bodies at Medical Center or Hospital

If procurement is to take place at the hospital, then the investigator will recover the body from the hospital morgue after completion of the procurement. If the procurement takes place outside of the hospital, then the procurement agency shall deliver the body to the SCMEO morgue on completion. Confirm that all requested items, as per 4.3 (f), are with the body. If not, immediately contact the procurement agency to provide the items. Obtain a copy of the hospital records, admission blood samples and pertinent radiology films.

10.5 Procurement for Bodies at the Medical Examiner's Office

If a decedent's body has already been transported to the SCMEO and tissue procurement has been requested and authorized, the on-duty investigator shall facilitate the release of the decedent's body to the procurement agency.

- Establish a mutually acceptable time for the procurement agency to recover the body. Keep in mind the needs of the office and inform them that the on-duty investigator must respond to any reported death calls as a priority.
- Complete the Donation/Tissue form in METS and have a member of the procurement agency sign for the body. Make a copy of the signed form and place it in the case file.
- Indicate on the white census board in the Investigative office that the decedent's body is at the procurement agency.

10.6 Receiving a Body From an Organ Procurement Agency

When the tissue procurement takes place outside of the hospital, the agency shall deliver the body to the SCMEO morgue as soon as possible. Upon arrival to the SCMEO:

- Confirm the identification of the body and have the procurement agency sign the Visual Identification Form. Also confirm that there is no personal property with the body and have the procurement team sign the Field Property Form.
- Confirm that all requested items, as per 4.3 (f), are with the body. Make sure that the procurement team does not have the hospital admission blood.
- Enter the date and time of arrival from the procurement agency in the Donation/Tissue section of METS.
- Process the body into the morgue using standard procedures. Perform an external examination of the body (if it was not released from this facility) and take photographs of the body.
- Erase the notation that the body is at the procurement agency from the Investigator's census board.

10.7 Organ/Tissue Procurement Agencies/Organizations

In coordination with the Medical Examiner's Office, Procurement Organizations shall:

- Keep information obtained from ME confidential.
- Cooperate with ME to ensure preservation and timely transfer of physical or biological evidence obtained by the procurement organization necessary for the death investigation.
- On request, provide a record describing the condition of the part, biopsies, residual tissue, photographs and any other information requested by the ME that would assist in the death investigation.

10.8 Uniform Anatomical Gift Act Provisions (UAGA)

- Gift's made during donor's life: Donors may be adults, minors at least 15.5 years old or emancipated minors. Parents, guardians and agents may also make gifts on behalf of the minors.
- Donors names are usually in the Living Legacy Registry; these are accessible only to procurement organizations.
- During one's lifetime a donor may revoke gift or refuse to make gift. An unrevoked refusal by an adult bars all other persons from making an anatomical gift of the individual's body or part.
- Generally, a person other than the donor is barred from making, amending or revoking an anatomical gift of a donor.
- Parents of an unemancipated child may revoke or amend an anatomical gift of the minor donor's body or part; or revoke the minor's refusal to make an anatomical gift.

10.9 Release of Medical Examiner Information to Procurement Organizations

By law the autopsy results, report, and records are confidential. Organ procurement/tissue procurement agencies are not among the exceptions to this legal requirement. The Medical Examiner's Office can release the cause and manner of death, as these are public record. The Medical Examiners can also give an opinion, following the autopsy, about the presence or absence of significant, grossly apparent infectious disease in the donor. Limited information may be released only as necessary to assure medical acceptability of the gift for purposes intended.

Section 10 Notes and Revisions:

SECTION 11.0

PHOTOGRAPHY

11.0 Scene Photographs

Photography establishes and provides the Medical Examiner with the best permanent documentation of a death scene investigation. **Investigators shall carefully photograph all scene response cases and all cases that are transported to or received at the Snohomish County Medical Examiner's Office.**

11.1 Photographic Equipment

Each Snohomish County Investigator will be provided with the following county-issued photographic equipment, or its equivalent:

- One *Nikon D40* digital camera
- One *Nikon AF-S Nikkor 18-55mm* lens attached to camera
- One camera safety strap, secured to the body of the camera
- One owner's manual and operating instructions
- Two 1G SD digital memory cards

Investigators **shall** inspect their camera and equipment prior to departing the SCMEO on every case, if possible. This is to insure that their photographic equipment is functioning correctly. Investigators are responsible for the care and operation of this photographic equipment. When using their county-issued cameras, investigators shall utilize the camera safety strap which should reduce the possibility of dropping the camera. Any damage or malfunction of this photographic equipment **MUST** be brought to the attention of their supervisor immediately. Investigators shall review the owner's manual and operating instructions of the photographic equipment issued to them and demonstrate a working knowledge of the provided equipment. Investigators are encouraged to contact their supervisor with any questions about the operation or maintenance of this issued photographic equipment.

11.2 Photographic Documentation at Scenes

When you arrive at a scene, speak with the law enforcement officer/deputy to determine what area is considered as the scene. Have the officer/deputy provide you with a briefing and a walk-through, so that related information can be identified by the law enforcement officer/deputy and the Medical Examiner Investigator.

The Investigators shall photograph the scene prior to examining the decedent or moving anything. Attempt to photograph the scene without including any law enforcement, medical or any other individuals with the

exception of the decedent. Investigators shall take photos at all scenes, even if the decedent has been moved or the scene has been altered. Investigators **shall review** each photograph immediately after each photo or a series of photographs that are taken, utilizing the image screen. This shall be done to insure that the investigator has captured the correct image or angle and to confirm that the correct properties such as focus, lighting and clarity have been captured. If mechanical changes are needed to improve the appearance of the image then the Investigator should make the needed adjustments to his or her camera before continuing with the next photograph. The ability to obtain good quality photographs is an essential job requirement of every Medical Examiner Investigators. The scene Investigator is responsible for the collection of good quality scene photographs. The following additional steps **shall** be observed when taking scene photographs:

1. The first photo of a case or series of photos shall be of the respective SCMEO case number placard. (The SCMEO case number placard is identified with the case number, date the photos were taken and the initials of the investigator taking the photographs). The second photo shall be taken showing the SCMEO case number placard and the decedent's body (include the face if possible).
2. Take an overall (wide-angle) view of the scene to spatially locate the decedent and identify the surrounding area.
3. Take photos from different angles to provide various perspectives that may uncover or identify evidence.
4. Attempt to show the spatial relationship between the decedent and any significant investigative facts such as blood, weapons/instruments or evidence that may be relevant to the death. You may use scales of measurement such as measuring tape, rulers, photo scales and arrows or pointers to document specific details.
5. Proceed to photograph general and overall views of the scene.

11.3 Scene Photo Download

Upon the return of the Investigator to the Medical Examiner's Office, the investigator shall create an electronic file folder in the Medical Examiner data base "T" drive. The Investigator shall label the file folder with the complete Medical Examiner case number. The Investigator will then immediately download case images into the respective Medical Examiner photographic case file within the "T" drive data base. The Investigator will then completely exit the "T" drive data base and then re-enter the data base and check the case folder in order to ensure the download of

photographs was successful. All scene photographs shall be review by the investigator during this process.

11.4 Scene Photo Review

Investigator scene photographs shall again be reviewed on the morning of and prior to the examination of the decedent. This review of photos shall occur at the morning case review that is attended by the Medical Examiner, Pathology Assistants and all available Investigators. The purpose of this meeting is to provide for case review, communication and quality assurance.

Section 11 Notes and Revisions:

SECTION 12.0

PROCESSING AND RELEASING BODIES

12.0 Processing Incoming Cases

Investigators are the primary staff members responsible for processing incoming cases. Snohomish County Medical Examiner (SCME) Investigators transport for examination, deceased individuals who fall under the jurisdiction of the Snohomish County Medical Examiner's Office. **All human remains, regardless of their state of preservation will be handled with dignity and respect. All remains are to be covered at all times during transport and storage. When accepting and releasing bodies Universal Precautions shall be observed at all times.** When initially removing human remains from the scene, place a plastic sheet around the body and then place the wrapped body into a green nylon body bag. This nylon bag has handles to assist with the moving of the remains. If needed, use sheets to absorb any fluids that might be emanating from the human remains. A SKED is available for use to insure that the human remains are protected during a difficult removal. Ask for assistance from law enforcement or fire department personnel when lifting. Place the human remains on the gurney. Once the human remains are secured to the gurney with the two safety belts, lift one end of the gurney to its upright position, then left the second end to its upright position, with assistance if needed. A winch located in the bed of the vehicle is available to assist in placing the gurney with the human remains in the back of the vehicle. The transport vehicle space allows for transporting a maximum of two bodies. Upon arrival at the office, hoists are available to assist in removal of the gurney from the vehicle.

The following tasks shall be completed when processing a delivered or transported body to the SCMEO. The following tasks shall be performed in the body processing/transfer area located in the SCMEO garage.

1. Input the following information into the SCMEO *Morgue Log Book*: name of decedent, date and time of arrival at the SCMEO and the initials of the investigator processing the case. If two Investigators process the case together, indicated this with both initials in the log book.
2. Carefully transfer the decedent from a gurney to a clean stainless steel autopsy table, removing the decedent from the body bag. If the decedent is morbidly obese or appears to be overweight, the investigators should call for assistance or utilize one of the two, half-ton body lifts/hoists located in the body processing area. Bodies that are obese shall be placed on one of three large autopsy tables available in the morgue.

3. Insure that a body identification tag has been placed and secured on one of the decedent's extremities, preferably the right ankle. This tag should identify the decedent's complete SCMEO case number, name and date of processing. (If the decedent is unidentified or the name is not confirmed, include the case number and date of processing only). When I.D. is established or confirmed, the name should be placed on tag.
4. Using a black marker, the decedent's case number and name should be neatly written on the decedent's right trunk or thigh region. If the decedent is unidentified or the name is not confirmed, include the case number only.
5. All processed cases shall be fingerprinted utilizing the digital fingerprint program and pad located on the processing/transfer desk in the SCMEO garage. The full SCMEO case number shall be entered into the fingerprint program template to identify the fingerprints that are taken. This case number shall include the initials of the investigators taking the fingerprints (example, if Inv. Tim Robb was taking the fingerprints on case 10SN9876, then the identification marker would read as follows: 10SN9876-TR). On routine cases, the following fingerprints shall be obtained: Right thumb, index finger and Left thumb, index finger. The Investigator shall review the fingerprints taken to insure the quality of the fingerprints. The fingerprints will then be saved and downloaded into the "T" drive, then transferred and stored into the respective case photo file. Fingerprints shall be taken at the time the body is processed into the Medical Examiner's office, with the exception of cases of suspicion or when the decedent's hands are bagged. If a body is in a decomposed or mutilated condition and fingerprints are not obtainable, or if the case is a suspicious or homicide case, a note shall be made in the database and on the white body census board to advise other investigators and pathology staff members. Other methods may be used to obtain fingerprints with permission from the Medical Examiner.
6. Upon completion of processing the body, the decedent's head and torso shall be covered with a sheet or body bag and placed in the main cooler.

12.1 Homicide/Suspicious, In-Custody Death Cases

On homicide, suspicious or in-custody deaths, the SCMEO Investigator shall be required to examine and photograph the decedent's hands, followed by carefully placing paper bags around the decedents hands while at the scene. The paper bags shall be secured with tape about the wrist. The body shall then be wrapped in a new sheet and placed in a new body bag. The body bag shall be secured with a SCMEO evidence tag lock that is numbered. (The investigating law enforcement agency should take note of the number on the SCMEO evidence lock) This process should be done at the direction of, and in the presence of the SCMEO Medical Examiner if one is present at the scene.

A body identification tag may be placed and secured on one of the decedent's extremities, preferably the right ankle. This tag should identify the decedent's complete SCMEO case number, name and date of processing. (If the decedent is unidentified or the name is not confirmed, include the case number and date of processing only). When identification is established or confirmed, the name shall be placed on tag. If not appropriate, the body identification tag may be affixed to the body bag handle and transferred at a later time at the direction of the SCMEO Medical Examiner.

The only exception to this process may be applied to in-custody, hospice or expected deaths that occur in a hospital, clinic or care facility within the correction institution, when the death is expected due to a natural disease process and there is no history or indication of trauma, injury or suspicious circumstances that are involved or related to the decedent's death. This natural death case should be processed as a routine case. If there is a question about a case, process the case as a suspicious death and document the reasons for your concerns.

Upon arrival to the SCMEO, the investigators shall process the decedent in the usual manner, with the exception of obtaining fingerprints. If the body bag is secured with a SCMEO evidence seal, the body shall remain undisturbed and the bag and seal shall remain closed and locked until the SCMEO Medical Examiner authorizes the bag to be opened. Fingerprints shall then be taken at the direction of the SCMEO Medical Examiner.

Upon authorization by the SCMEO Medical Examiner, full ten-digit fingerprints shall be obtained on all homicide or suspicious death cases, utilizing the digital fingerprint program and pad located on the processing/transfer desk in the SCMEO garage. The full SCMEO case number shall be entered into the fingerprint program template to identify the fingerprints that are taken. The full SCMEO case number shall be used included with initials of the investigator(s) taking the fingerprints (example, if Inv. Tim Robb was taking the fingerprints on case 10SN9876, then the identification marker would read as follows: 10SN9876-TR). **ALL TEN FINGERS SHALL BE TAKEN ON HOMICIDE AND SUSPICIOUS DEATHS.** The Investigator shall review the fingerprints taken to insure the quality of the fingerprints. The fingerprints will then be saved and downloaded into the "T" drive, then transferred and stored into the respective SCMEO case photo file. If a body is in a decomposed or mutilated condition and fingerprints are not obtainable, a note shall be made in the database explaining why fingerprints were not taken. The SCMEO Medical Examiner shall be advised and other methods may be used to obtain fingerprints with permission from the Medical Examiner.

12.2 Firearm-related Deaths

On firearm-related deaths, the SCMEO Investigator shall be required to examine and photograph the decedent's hands, followed by carefully placing paper bags

around the decedents hands while at the scene. The paper bags shall be secured with tape about the wrist.

Upon arrival to the SCMEO, the investigators shall process the decedent in the usual manner with the exception of obtaining fingerprints. If the body bag is secured with a SCMEO evidence seal, the body shall remain undisturbed and the bag and seal shall remain closed and locked until the SCMEO Medical Examiner authorizes the bag to be opened. Fingerprints shall then be taken at the direction of the SCMEO Medical Examiner.

Upon authorization of the SCMEO Medical Examiner, full ten-digit fingerprints shall be obtained on all fire-arm related death cases utilizing the digital fingerprint program and pad located on the processing/transfer desk in the SCMEO garage. The full SCMEO case number shall be entered into the fingerprint program template to identify the fingerprints that are taken. The full SCMEO case number shall be used included with initials of the investigators taking the fingerprints (example, if Inv. Tim Robb was taking the fingerprints on case 10SN9876, then the identification marker would read as follows: 10SN9876-TR). **ALL TEN FINGERS SHALL BE TAKEN ON HOMICIDE AND SUSPICIOUS DEATHS.**

The Investigator shall review the fingerprints taken to insure the quality of the fingerprints. The fingerprints will then be saved and downloaded into the "T" drive, then transferred and stored into the respective SCMEO case photo file. If a body is in a decomposed or mutilated condition and fingerprints are not obtainable, a note shall be made in the database explaining why fingerprints were not taken. The SCMEO Medical Examiner shall be advised and other methods may be used to obtain fingerprints with permission from the Medical Examiner.

12.3 Fire-Related Deaths or Charred Remains

Fire related deaths or charred bodies may present certain challenges for Investigative staff in identifying and processing these types of cases.

Investigators may be required to examine and photograph the decedent's hands, and or head carefully followed by placing paper bags around the decedents hands or head while at the scene. The paper bags shall be secured with tape if possible. It is imperative that the SCMEO Investigator take great care in transporting these types of cases as charred or burned remains may be very fragile.

Upon arrival to the SCMEO the investigators shall process the decedent in the usual manner with the exception of obtaining fingerprints and writing on the decedent's body, as this may not be possible due to thermal injuries. If it is possible, then the Investigator should proceed as unusual. If the body bag is secured with a SCMEO evidence seal, the body shall remain undisturbed and the bag and seal shall remain closed and locked until the SCMEO Medical Examiner authorized the bag to be opened. Fingerprints shall then be taken at the direction of the SCMEO Medical Examiner.

12.4 Processing Delivered Cases

Occasionally, outside agencies and or funeral homes may deliver cases to the SCMEO. The processing Investigator shall photograph the body of the decedent upon its arrival and prior to transferring the decedent to the autopsy table. Special care should be taken to note, document and photograph any identification markings such as name or identification tags. The Investigator shall also identify any and all property or evidence that is on the decedent's body. The appropriate SCMEO identification, property and evidence forms shall be completed prior to the departure of the delivering agency representative. The body will then be processed in accordance with the type of case it has been classified as.

12.5 Processing Multiple Cases

Investigators responding to multiple fatality (two or more) death scenes **shall** contact and advise the on-call Chief Investigator or Master Investigator prior to responding to the scene of the incident.

Investigators are expected to process the scene and bodies with great care and attention to detail. If possible, the SCMEO Investigator shall assign an SCMEO case number to decedents' upon arrival to the scene and prior to moving the decedent's bodies. Insure that a body identification tag has been placed and secured on one of the decedents' extremities, preferably the right ankle. This tag should identify the decedents' complete SCMEO case number, name (If the decedent is unidentified or the name is not confirmed, include the case number and date and time the tag was placed on body) When I.D. is established or confirmed the name should be placed on the tag. The SCMEO Investigator shall photograph the body of the decedent with the case number photo placard and body ID tag, so that the scene photos can provide a reference as to the location and position of the body at the scene. The SCMEO Investigator shall make every attempt to process one case at a time. The SCMEO Investigator shall provide substantial photographic documentation on multiple fatality scenes.

Upon arrival to the SCMEO, the SCMEO Investigator shall process one case at a time. Only one body shall be removed from the vehicle at a time. When the first case has been processed and placed in the main cooler, then the second body should be removed from the vehicle and processed accordingly. Every effort **MUST** be taken to minimize any confusion and to ensure the cases are processed correctly.

12.6 Releasing Bodies

Investigators are the primary staff members responsible for releasing bodies. **All human remains, regardless of their state of preservation will be handled with dignity and respect. When accepting/releasing bodies Universal Precautions shall be observed at all times.** There are SCMEO administrative and pathology staff members who have also been authorized to release bodies

from the SCMEO. Prior to the releasing of any body, the SCMEO Staff member shall verify that the following requirements have been completed:

- The SCMEO Medical Examiner has authorized and signed the *Authorization for Release of Body* form located in the METS database, for the specific body that the Investigator or staff member is releasing.
- The decedent's legal next of kin has contacted the SCMEO and identified the funeral home making the removal as the agency providing final disposition for the decedent. This is located in the METS database under NOK/Disposition section.
- Verify on the Investigative office white board that all tasks, such as fingerprint and ID have been completed and/or confirmed.
- Verify that there are no other tasks associated with the case that is to be released.
- If one or more of the previous items have not been completed, **DO NOT RELEASE THE BODY**. **ALL** tasks **MUST** be completed before the body can be released.

12.7 Releasing Bodies to Funeral Home Representatives

The funeral home representative should present to the front office of the SCMEO. The funeral home representative shall provide the name of the funeral home he or she represents and the name of the decedent that he or she has been assigned to transport. The information provide shall be verified by the front office staff member and a signed death certificate should be verified and released to the funeral director or representative. The funeral director or representative should be directed to drive his or her vehicle around to the SCMEO garage, where a SCMEO staff member will meet them. The funeral home staff representative should back his or her vehicle up to the first garage door, stopping short of pulling into the SCMEO garage. The representative and his gurney shall be escorted into the SCMEO body processing/transfer area located in the SCMEO garage. The SCMEO garage door should be closed prior to any body transfer.

TWO SCMEO staff members and the funeral home representative shall complete the following tasks prior to the release of a body, respectively:

1. Identify which decedent the funeral home representative is assigned to transport. Verify the name with the death certificate that was provided to the representative. Locate the name and case number of the decedent in the SCMEO *Morgue Log Book*. Input the name of the funeral home

collecting the body, the time and date followed by the SCMEO staff member's initials. Have the funeral home representative initial next to the staff member.

2. Retrieve the body of the decedent from the SCMEO cooler. **ONLY SCMEO STAFF MEMBERS ARE AUTHORIZED TO ENTER THE COOLER.** Funeral home staff member are not allowed into the cooler.
3. Identify the body by the name and case number printed on the outside of the body bag. Confirm the name and SCMEO case number by removing the initialed identification label attached to the body bag (This label should have the initials of the pathology staff and shall be attached to the *Authorization for Release of Body* log book.)
4. Open the body bag and verify that the name and case number on the SCMEO identification tag is correct. This tag should be located on the decedent's right ankle or other extremity. Have the funeral home representative identify and verify that the decedent you are presenting to him or her is the correct decedent that they are assigned to transport.
5. Identify to the funeral home representative any articles of clothing that are to be released with the body. These items shall be identified on the *Clothing Release Information* form that will be released with the body. Be certain that the funeral home representative is aware of any items such as pace makers or dentures that are attached to the exterior of the body bag.
6. Allow the funeral home representative the opportunity to apply his or her agency's ID band or tag to the decedent's ankle and or extremity.
SCMEO Staff member SHALL NOT apply any name tag or identification tags belonging to any outside agencies on any body.
7. The **TWO** SCMEO staff members and the funeral home representative shall verify and sign or initial the *Body and Clothing Release* and the *Authorization for Release of Body* templates utilizing the computer located in the body processing/transfer area.
8. A copy of the *Body and Clothing Release* and *Authorization for Release of Body* document shall be generated by the SCMEO staff member. The copy of the *Body and Clothing Release* document shall be reviewed for completeness and provided to the funeral home representative. The *Authorization for Release* document shall be inserted into the log book and the initialed identification label attached to this document.
9. In order to facilitate a safe transfer of the decedent's body, the SCMEO staff member shall assist the funeral home representative with the transfer of the decedent's body from the SCMEO table to the funeral home

gurney. If the decedent is morbidly obese or appears to be overweight, the investigators should call for assistance or utilize one of the two, half-ton body lifts/hoists located in the body processing area.

10. Immediately following the release of the decedent, the SCMEO staff member shall clean the SCMEO table using an approved disinfectant or cleaning solution. The table shall be stored in the main cooler.
11. Following the release of the body, the decedent's name shall be removed from the white census board located in the Investigator's office.

12.8 Releasing Bodies to Family Members

Family member have the legal right to act as their own representative and transport the remains of a deceased family member. If a family member presents to the SCMEO to transport the remains of a family member, the SCMEO staff members shall follow all of the above required tasks. The SCMEO shall place the decedent in a second plastic bag/pouch that may add to the containment of the body.

12.9 Releasing Bodies to Organ Procurement Agencies

SCMEO staff members releasing bodies to a procurement agency must complete the following tasks. For bodies that have already been processed into the SCMEO, one staff member shall complete the following:

1. Identify the name of the representative and the name of the procurement agency. Verify the name of the decedent with the procurement authorization form.
2. Verify that a SCMEO Medical Examiner has authorized procurement prior to releasing any body for procurement. If ever in question, the SCMEO Investigator shall contact the on-duty Medical Examiner prior to releasing a body.
3. Retrieve the body of the decedent from the SCMEO cooler. ONLY SCMEO STAFF MEMBERS ARE AUTHORIZED TO ENTER THE COOLER.
4. Identify the body by the name and case number printed on the right side of the body and or on the outside of the body bag.
5. Open the body bag and verify that the name and case number on the SCMEO identification tag is correct. This tag should be located on the decedent's right ankle or other extremity. Have the procurement representative identify and verify that the decedent you are presenting to him or her is the correct and that it is the decedent that they are assigned

to transport. **NO PROPERTY OR EVIDENCE SHALL BE RELEASED TO THE PROCURMENT AGENCY.**

6. Allow the procurement representative the opportunity to apply his or her agencies ID band or tag to the decedent's ankle and or extremity.
SCMEO Staff members SHALL NOT apply any name tag or identification tags belonging to any outside agencies on any body.
7. The SCMEO staff members and the procurement representative shall verify and complete the *Release of Body for Organ /Tissue Donation* template in the METS data base, utilizing the computer located in the body processing/transfer area.
8. A copy of the *Release of Body for Organ /Tissue Donation* template shall be generated by the SCMEO staff member. The copy of the *Body and Clothing Release* document shall be reviewed for completeness. The *Release of Body for Organ /Tissue Donation* document shall be inserted into the log book.
9. In order to facilitate a safe transfer of the decedent's body, the SCMEO staff member shall assist the procurement representative with the transfer of the decedent's body from the SCMEO table to the procurement agency gurney. If the decedent is morbidly obese or appears to be overweight, the investigators should call for assistance or utilize one of the two, half-ton body lifts/hoists located in the body processing area.
10. Immediately following the release of the decedent, the SCMEO staff member shall clean the SCMEO table using an approved disinfectant or cleaning solution. The table shall be stored in the main cooler.
11. Following the release of the body the decedent, an asterisk shall be placed next to the decedent's name located on white census board in the Investigator's office. It should indicate that the body has been released for tissue procurement. Indicate the expected time and date of return to the SCMEO along with a number to the Procurement agency representative.

Upon returning the decedent to the SCMEO, the SCMEO staff member shall verify the identification of the decedent and complete the *Return of Body After Organ /Tissue Donation* template. A copy of this document shall be generated and provided to the procurement representative. The body status should be updated on the white census board located in the investigators office to reflect that the decedent's body has been transported back to the SCMEO.

Section 12 Notes and Revisions:

SECTION 13.0

PROPERTY

13.0 Property

It is the responsibility of the Snohomish County Medical Examiner's Office to account for the personal property and materials collected from a decedent and taken into custody by the Snohomish County Medical Examiner's Office (SCMEO). The SCMEO will release the property to the legal next-of-kin, legal representative, or the proper legal authority. The SCMEO will accurately document personal effects of the deceased and make the original document available to the public, a duplicate copy is filed with the county auditor. (RCW 68.50.040).

13.1 Collection of Property

It is the responsibility of the Snohomish County Medical Examiner's Office to collect medical information such as medical records and to identify and contact the decedent's next of kin. In the absence of next of kin, the Investigator, accompanied by law enforcement, may search the scene for any items that will assist in determining cause and manner of death, identity, and establishing next-of-kin and/or medical history. These items may include, but are not limited to wills, bank statements, letters from friends or family, etc. All items collected must be inventoried and listed on the Field Property Form. The Field Property Form shall be signed by both the Investigator and the law enforcement agent.

The SCMEO shall ensure accountability of all property that is collected and transported to the Snohomish County Medical Examiner's Office and shall ensure that the property is released to the appropriate legal next-of-kin, legal representative or legal authority.

13.2 Collection of Personal Property

It is the responsibility of the Snohomish County Medical Examiner's Office to provide a written record of all property that is collected. The Snohomish County Medical Examiner's Investigator shall conduct a thorough search of the body and clothing associated with the decedent for all personal property or effects. All property found on the decedent must be removed, inventoried and documented on the Field Property Form. The Field Property Form shall be signed by both the Investigator and a law enforcement officer or a agency staff member at the scene. If there is no law enforcement representative at the scene, then the witness should be a non-family member. When collecting property, the following policies should be considered and followed:

1. The SCMEO is limited by RCW to only property that is on the body. In cases where property may be around or near the body, these items are not the responsibility of the Medical Examiner.

2. In those cases where another agency/person has removed the wallet from the decedent, the Investigator shall not take responsibility for it. The contents of the wallet may be viewed for items indicating the identity, next-of-kin or medical history with the presence of law enforcement at the scene. The driver's license or government-issued ID card may be retained by the Investigator. Responsibility for safeguarding the wallet would normally rest with the law enforcement agency. The Investigator should document this in METS.
3. In the event an automobile/vehicle belonging to the decedent is at or near the scene, it is not the responsibility of the Medical Examiner to search and secure the vehicle. In fact, the Medical Examiner is not authorized to search the vehicle unless she/he believes that there is evidence that may be useful in determining the cause and manner of death.
4. All property located at a scene that is not present on the body is NOT the responsibility of the Medical Examiner. Securing the residence should be left to Law Enforcement. It is the responsibility of the private property owner to secure the property for safe keeping.

13.3 Description of Property

All property listed on the Field Property Form, and METS property form, should be as concise and as descriptive as possible.

1. Do not use jewelry descriptions that could be confused with precious metals/stone (i.e., gold, silver, diamond, ruby. Instead, use the general description of white or yellow metal, clear stone, red stone, etc. Do not use the descriptor of "pearl"; instead, use the description of round, white ball.
2. For watches, indicate whether it is digital or analog. The trademark name of the watch may be listed, but indicate that it is marked with the name. (White metal analog wristwatch marked ROLEX). Do not identify the item using just the name, as the wristwatch may be a counterfeit or knock-off instead of the genuine product.
3. If there is property on the decedent that cannot be removed, (e.g., rings or piercings), document the items on the Field Property Form with the notation "Left on body". This should be documented in the METS database upon return to the office. The SCMEOP pathology staff shall remove the item(s) at the time of examination.
4. All foreign money should be listed in the listings area of the Field Property Form, and METS, by country of origin and denominations. The cash boxes are for U.S. currency/coins only.

5. All debit/credit cards should be listed individually. List the type/name of the card and the last four numbers of the card. If the card has a cardholder name different from the decedent, then list the card with the cardholder's name. Also inform the Chief Investigator of such findings, as it may be necessary to inform law enforcement.
6. For fabrics, you should describe by color only. Avoid any designation of possible type of fabric, (i.e., silk, cotton, etc).
7. **Medications, illicit drugs and drug paraphernalia are considered to be evidence and not property.** Describe the findings in the METS narrative. Syringes and needles are not to be brought into this department on a regular basis. If any medications, illicit drugs or paraphernalia are to be brought to SCMEO, then follow the procedures listed in the Evidence Processing (policy 14.2).

13.4 Property – Homicide/Suspicious Death

In any case involving an apparent homicide or a suspicious death; all property on the body is to be considered as evidence. If the on-duty Medical Examiner is at the scene then he/she will make a determination if the evidence is to be released to law enforcement at the scene, or it is to remain in place on the body.

If the Medical Examiner determines that the evidence should be removed at the scene, then he/she will remove it or instruct the Investigator to do so and release it to the appropriate law enforcement agency. The Investigator should document the items and the location of the items during the removal and have the receiving law enforcement officer, detective or technician sign an Evidence Inventory Form. Upon return to the SCMEO, this information should be documented into METS in the Confidential Notes/Narrative section.

If the evidence remains on the body, then the Medical Examiner will describe the evidence at autopsy. The Pathology Section will package the items as evidence and it will be released to the investigating law enforcement agency.

13.5 Property – Handling of Property

It is recommended that all property be photographed while on the body or as it was found, if at all possible. Any blood-stained or contaminated property should be wiped or cleaned with care to insure the property is not altered or changed. If the property is wet, it should be placed on a towel in the drying rack with the case number attached. Note this required processes in the METS confidential page and place a note on the white census board and pass information onto on coming Investigator. If the property is contaminated, the property should be sealed in a plastic bag with all currency fanned to show the number and denomination if possible. A Bio-Hazard sticker should be placed on the plastic bag and the exterior of the envelope. The condition of the property should be documented into the METS database.

All property shall be documented on the property section in METS database. The property should be placed in a property envelope. The information on the front of the property envelope should be completed with the decedent's name, case number, date and Investigator processing the property. All money and credit/debit cards should be sealed in an envelope with the case number on the front. Then all property should be sealed in a property envelope with the decedent's name, case number, date and investigator's signature on the front. The property envelope should then be put in the Evidence Room drop-box.

13.6 Release of Property

There is a one hundred eighty day (180 Day) holding period for personal property, excluding cash or currency. The legal next of kin may generally claim property at the SCMEO during normal business hours, Monday through Friday. The SCMEO has an inherent liability with the release of property. Therefore, property release shall be limited to the following parameters:

1. Release of property at the scene shall be limited to the immediate next-of-kin only. The immediate next-of-kin shall be established by the hierarchy set forth by the RCW. If that person is not at the scene, then property shall not be released under any other circumstance. The next-of-kin may authorize another person or agency, such as a funeral home, to collect property on their behalf. This authorization must be in writing, identifying a specific individual who must be present and must be accompanied by a valid driver's license or Government Issue photo ID card.
2. Release of property in the office shall be limited to normal business days, excluding holidays, during posted hours of operation. Property release shall be done by the on-duty investigator if available. Photo identification of the recipient is required for release and a copy of it shall be obtained by the releasing party. The property should be inventoried in the presence of the recipient and the Property Release Form signed by both the releasing party and the recipient. A copy of the signed Release Form shall be given to the recipient and the original signed copy (and the ID copy) placed into the case file).
3. In the event that there is a discrepancy between the packaged property and the Release Form, inform the Chief Investigator immediately. The Chief Investigator will make an immediate inquiry into the matter.
4. Normally the property is released to the immediate next-of-kin as established by the RCW. If the decedent left a Last Will & Testament then disbursement of all property is the responsibility of the named Executor. A copy of the Last Will & Testament is required for release of property to the executor. By the same respects if a person has been named as the Personal Representative of the Estate, by a duly authorized Court, then

that person takes precedent over family. The State of Washington passed a registered domestic law in April 2007. If a registered domestic partner dies without a Will, the surviving domestic partner will inherit a portion of the decedent's estate, similar to a legally married spouse. The surviving domestic spouse must present the Washington Registered Domestic Partner number and the releasing party shall confirm the status through the Washington State Domestic Partner website: [http.](http://)

5. Minor children of the decedent are listed as primacy in the hierarchy for property matters. As they are not of legal age, property cannot be released to them. This office requires release of the property to the court-appointed personal representative/Executor in this case. If there is a dispute in the family regarding the property this office will require release to only a court-appointed personal representative/Executor through the Probate process.
6. All currency not claimed within a thirty (30) days period after the date of death shall be turned over to the Snohomish County Treasurer, as per the RCW 36.24.130.
7. All property not claimed within a one hundred eighty day (180 Day) period after the date of death may be disposed of or turned over to the Snohomish County Treasurer, as per the RCW 36.24.130.

Section 13 Notes and Revisions:

SECTION 14.0

RELEASE OF INFORMATION TO PUBLIC AND MEDIA

14.0 Media

It is the policy of the SCMEO to ensure compliance with Washington State law relating to release of public records and to the protections of confidentiality of the autopsy and post mortem reports, records and information of the Medical Examiner's Office. Response to document and information inquiries shall be made in an accurate, timely and courteous manner. Public records shall be made available to the requestor for inspection and copying, unless such information is specifically exempted from public disclosure. When release of confidential information is refused in whole or in part, a statement of the specific exemption authorizing the withholding of the record or information shall be provided. Equal access to information shall be provided to all news media. This is most often done using the Media telephone line.

14.1 Appointment and Authorization of the Public Records Officer.

The Deputy Director and the Chief Medical Investigator are designated the Public Records Officers for the SCMEO. Only the Deputy Director and the Chief Medical Investigator are authorized to release information to the press and media. In the absence of the Deputy Director and Chief Medical Investigator, the Chief Medical Examiner may specifically delegate temporary and/or limited authority to another employee to release information to the press and media.

14.2 Release of Death Information

Washington State law allows the Medical Examiner to withhold any information which directly or indirectly identifies the decedent until next-of-kin has been notified, or a 48-hour notification period has elapsed. After the decedent has been identified and the next-of-kin has been notified, the following information may be provided: the name, age and city of residence of the deceased, the general location of death and the cause and manner of death.

In rare circumstances, when identification is not readily available through other sources, the Chief Medical Examiner has the discretion to authorize release of information concerning a person's death to aid in identifying the deceased.

All other information, documents, records or objects created/considered for the singular purpose of the medical examiner's post mortem investigation of the circumstances of death is protected from disclosure to maintain the confidentiality of these documents for the protection of the right to privacy of the decedent and the decedent's family, under authority of RCW 68.50.105, RCW 42.56.240(1) [formerly in RCW 42.17.310(1)(d))] and *Comaroto V. Pierce County Medical Examiner's Office*, 111 Wn.App. 69, 43 P2nd 539 (2002).

Release of information from the autopsy report or any other confidential death investigation information by any employee of the Medical Examiner's Office is considered grounds for dismissal.

14.3 Press and Media Contacts

MEO staff members are expected to advise the Public Records Officer(s) or the Chief Medical Examiner of the topic and context of any news media inquiry directed to them while acting in their employment.

Media-requested death reports will be made available on the News Media Line (425-388-3515). A written copy of the media release will be put in the News Media Binder. All media releases regarding a homicide or suspicious death will be coordinated with the investigating law enforcement agency, and require the review and approval of the Chief Medical Examiner. When possible, a courtesy notice of the media release should be provided to the PIO of the law enforcement agency of jurisdiction.

Statistical and written correspondence that is sent out of the office must be reviewed by the Chief Medical Examiner or his designee prior to release.

14.4 Release of Autopsy Reports and Medical Examiner Information

Reports and records related to autopsy examination are confidential. According to State statute (RCW 65.50.105), release of copies of autopsy reports is limited to:

- The personal representative of the decedent as defined in RCW 11.02.005,
- Any family member as defined in RCW 68.50.105 (see below)
- Attending physician (including trauma surgeons) or advanced registered nurse practitioner
- Prosecuting attorney or law enforcement agencies having jurisdiction
- Public Health officials (including the Child Death Review Program)
- Representatives of the Department of Labor & Industries (L&I) in cases in which L&I has an interest under RCW 68.50.103 (if L&I has requested an autopsy as part of the investigation of an industrial death – see below).

The autopsy report includes toxicology results and microscopic description when applicable. Other items are released only at the specific request of the family, and may require prior consultation with the Civil Division of the Snohomish County Prosecuting Attorney's Office.

14.5 Document Fees and Request Procedure

To obtain an autopsy report, a family member must request a copy of the autopsy report, and prove their identity as a family member by providing appropriate identification or records. The fee for copies of SCMEO autopsy and postmortem documents is \$2.00 for the first page and \$1.00 for each subsequent page.

The name of the authorized requesting party will be recorded in the decedent's case file in METS. The METS Case Status report will be reviewed weekly to ensure that the requesting party was notified of availability upon completion of the report.

Family members may request and sign a release to allow for the distribution of the autopsy report outside those groups described in State law. If such a written request is made, it is retained as part of the permanent case file in the Medical Examiner's Office. Such requests must include the following:

1. Authorization specifically directed to the Snohomish County Medical Examiner's Office
2. Name of the deceased and date of death
3. Statement of requestor's relationship to the decedent.
4. Statement of the specific document(s) that is authorized for release.
5. Notarized signature of the next of kin, personal representative or other authorized party (as defined by RCW 11.02.005). If not notarized, include a copy the signing family member's driver's license. If signed by the personal representative, also include the court document of representation.
6. Specify to whom (name of person and/or agency) the records may be released, if not released to the legally authorized requestor.

Section 14 Notes and Revisions:

SECTION 15.0

RESPONDING TO SCENES

15.0 Scene Investigation

The Snohomish County Medical Examiner's Office is mandated by Washington State law to determine the cause and manner of death for those cases that fall under medical examiner jurisdiction. The medical examiner establishes positive identification of decedents and contacts their next of kin. At the scene of death, law enforcement of jurisdiction assumes the primary investigative function over the scene; the Medical Investigator assumes jurisdiction over the remains and shall take charge of the body, the clothing on the body, and any evidence on the body which may aid in determining the identification of the deceased and the cause and manner of death.

15.1 Scene Response Criteria

When an investigator receives a call from an agency reporting a death to the medical examiner, the investigator shall inquire about the scene and circumstances surrounding the death including medical history. If the Investigator determines that the case falls under medical examiner jurisdiction, then the investigator shall enter the preliminary information into the METS Data base and generate a medical examiner SCME case number. The investigator will then determine if a scene response is required.

Assuming that the body is still at the scene of death (other than a hospital or nursing home, under most circumstances), a Medical Examiner Investigator is expected to respond to the scene of investigation under the following circumstances:

1. A suspected suicide, homicide, or accidental death.
2. Traffic-related deaths.
3. Any death occurring in custody, not in the infirmary area of the jail or prison (unexpected death without significant underlying natural disease).
4. Decedent's under 60-years of age, without significant medical history
5. All child/infant deaths (Children 18 years of age or less when no terminal disease is present and death is, therefore, unexpected). In cases of child/infant deaths, even after removal of the body from the scene of death. In cases where death is pronounced in the hospital, arrangements should be made with the investigating agency to allow for a joint scene investigation by a medical examiner investigator and law enforcement representative.
6. Scenes where the circumstances surrounding the death are unclear.
7. In some cases where the decedent or their next-of-kin are unidentified, and where a scene is available in which to gather information to assist with identification of the decedent or their next-of-kin.

8. Special consideration should be given in cases where remains are decomposed. This is because identification is often difficult, and partner investigative agencies have less experience in examination of decomposed remains.
9. When requested by the agency at the death scene.
10. In any other case when, in the judgment of the investigator, or at the advice of a Medical Examiner, such a response is deemed warranted.

In cases when the body has been removed from the scene or the person was removed for treatment, a follow-up scene investigation is conducted when appropriate and feasible.

15.2 Scene Response Prioritization

The location of the decedent as well as scene and circumstances surrounding the incident will determine if a scene response is required or if a delay is needed. When responding to a scene investigation, the investigator should make every effort to arrive on scene within 60 minutes of the initial call time. If there is an anticipated delay, notify the Law Enforcement on-scene. The Investigator shall document any delay in scene response. This will be noted in the METS data base.

If there are multiple concurrent scene investigations, a suggested prioritization for your response based on the following hierarchy; if an investigator is presented with a situation that involves concurrent scenes, you are encouraged to contact a supervisor for suggestions, guidance and or assistance.

- 1-Scenes in public view / Roadways
- 2-Scenes with Law Enforcement/EMS not in public view
- 3-Institutional Deaths (WSR/Snohomish County Jail)
- 4-Hospital / Medical facility deaths

15.3 Identification

Positive identification is required for **ALL** deaths reported to the Snohomish County Medical Examiner's Office. If positive identification cannot be established/ or confirmed, then jurisdiction must be assumed. This includes decedents who are decomposed.

15.4 Delayed Deaths

When an investigator receives a call from an agency reporting a death where the decedent has already been moved from the scene to a hospital, fire station and or other secured location, the investigator should make every effort to respond to the scene of the incident in order to collect information that is related to the death investigation. This should only be done if the death occurred shortly

after the incident and law enforcement or fire department personnel are present at the scene. An example of this would be infant death scenes, fire scenes, and traffic collisions. Investigators are encouraged for contact a supervisor to discuss situations such as delayed death scenes. In cases of delayed hospital deaths, the Investigator shall obtain the earliest available specimen from the hospital when appropriate.

15.5 Special Circumstances

If an investigator receives a call from a law enforcement agency that is reporting a death, and the death does not meet the criteria to be considered a medical examiner case, the investigator shall document the information surrounding the death, including medical history and a **No Jurisdiction Assumed number (NJA)** shall be issued to the reporting law enforcement agency.

If the Law Enforcement Officer requests that the investigator respond to investigate the death, regardless of the death not being a jurisdictional death, the medical examiner investigator shall proceed with the following tasks:

- Ask to speak with the acting sergeant or case detective
- Document the name of the officers and the reason for the requested response
- Immediately contact the Chief or Master Investigator and provide them with the contact number for the law enforcement officer.

If the investigator is unable to make contact with the Chief or Master Investigator, he or she shall contact the duty Medical Examiner and expect to respond to the scene.

Section 15 Notes and Revisions:

SECTION 16.0

SCENE INVESTIGATION

16.0 Scene Investigation

Investigators are the primary staff members responsible for scene response and investigation. The Investigative staff is required to interview and collect sufficient data from Hospital/medical staff, law enforcement, fire department personnel (EMT's/MEDICS) that are associated with the surrounding reported death to establish the minimum required information for all Medical Examiner jurisdictional cases. At the scene the Investigator shall take charge of the body, the clothing on the body, and any evidence on the body which may aid in determining the identification of the deceased and the cause and manner of death. When a body has been removed from the scene or a person has been removed for treatment, follow-up scene investigations shall be conducted where appropriate and feasible.

16.1 Required Information

The following is a list of the required information to be gathered by the Investigator during their investigation of deaths that fall under the jurisdiction of the Medical Examiner. The list is patterned after the U.S. DOJ report on Death Investigation. For direction on required information for specific types of cases, see policy 9.02c on Scene Considerations.

- **DISCOVERY HISTORY**
 - Establish and record the person(s) who discovered the body and when.
 - Document the circumstances surrounding the discovery.
- **TERMINAL EPISODE HISTORY**
 - Document when and by whom the decedent was last seen alive. Describe circumstances.
 - Document incidents prior to the death. Include dates, times, locations, and witnesses. Include the documentation of the witnesses addresses and phone numbers (usually on the police report).
 - Document complaints/symptoms prior to death.
 - Obtain the EMS record, and documentation of interview when conducted.
 - Obtain pertinent medical records.
- **MEDICAL HISTORY**
 - Document relevant medical history that is recent or may have contributed to the death as well as any medications and family medical history.
 - Document alcohol and drug use.
 - Confirm medical history through treating physicians or medical facilities.
- **MENTAL HEALTH HISTORY** (When relevant)
 - Document mental health history including hospitalizations and medications.

- Document history of suicidal ideations, gestures and/or attempts.
- Document treating mental health professionals.
- Document family mental health history.
- **SOCIAL HISTORY** (When Relevant)
 - Document the Following:
 - Marital/domestic history
 - Family death history/significant dates
 - Sexual history
 - Employment history
 - Financial history
 - Daily routines, habits and activities
 - Relationships, friends and associates
 - Religious/Cultural information (i.e. opposition to autopsy / disposition requirements)
 - Educational background
 - Criminal history
- **Preliminary Body Exam**

After overall and detailed photographs have been taken of the decedent and the surrounding area, the investigator may begin their view of the body. View sections of the body one at a time (i.e. head, neck, anterior torso). It is important to develop a sequential pattern for the body view to insure that nothing is overlooked. Evaluate each section of the body for indications of trauma, signs of natural disease, post mortem changes and/or abnormalities. Also document any postmortem animal/insect activity.

 - When documenting trauma, list the location on the body and give a description of the trauma.
 - When documenting signs of natural disease give a description of the finding without including a diagnosis.
 - Document livor, rigor and algor mortis.
 - Livor: Blanching or non-blanching, color, intensity, location on body, positional or not, patterns.
 - Rigor: Presence or absence, locations in body, intensity of rigidity; is position of body consistent with the reported position found?
 - Algor: Document an axial (under arm) or surface (abdominal) temperature for evaluating algor mortis. Only Medical Examiners may perform liver core temperature.
 - Document any decompositional changes.
 - Make sure postmortem changes fit the reported circumstances of the death and/or discovery.
 - Document any physical deformation or abnormality.

- Document anthropology in general terms including location on the body and severity of decomposition; for insects include general description of life cycle (i.e. eggs, larvae, flies).

16.2 **Scene Photography**

Photography establishes and provides the Medical Examiner with the best permanent documentation of a death scene investigation. Investigators shall carefully photograph all scene response cases and all cases that are transported to or received at the Snohomish County Medical Examiner's Office

Investigators **shall** inspect their camera and equipment prior to departing the SCMEO on every case, if possible. This is to insure that their photographic equipment is functioning correctly. Investigators are responsible for the care and operation of this photographic equipment. When using their county-issued cameras, investigators shall utilize the camera safety strap which should reduce the possibility of dropping the camera. Any damage or malfunction of this photographic equipment **MUST** be brought to the attention of their supervisor immediately. Investigators shall review the owner's manual and operating instructions of the photographic equipment issued to them and demonstrate a working knowledge of the provided equipment. Investigators are encouraged to contact their supervisor with any questions about the operation or maintenance of this issued photographic equipment.

- **Photography:** Prior to responding to the scene, verify that your photo equipment is functioning properly. For the Nikon D-40:
 - Check that the battery is at full charge
 - Load the SD card
 - Verify that the automatic photo function is enabled
 - Take additional lenses or equipment (i.e. Tripod) as needed
- **Scene Photography:**
 - Take a photo of the completed CASE PHOTO ID FORM
 - The first photo of a case or series of photos shall be of the respective SCMEO case number placard. (The SCMEO case number placard is identified with the case number, date the photos were taken and the initials of the investigator taking the photographs). The second photo shall be taken showing the SCMEO case number placard and the decedent's body (include the face if possible).
 - Take overall photographs of the scene and decedent as you found them prior to moving anything.
 - Take establishing wide photographs of an area or the decedent prior to close-up detailed photos.

- Use a scale as necessary for close-up photos.
- **Indoor Scenes:**
 - Take an exterior photo of the building, including the address number if present
 - Take progressive overall photographs of rooms as you walk through the building to the decedent's location
- **Outdoor Scenes:**
 - Take distant overall shot to establish scene area
 - Take progressive overall photos as you approach the decedent
- **All Scenes:**
 - Take more detailed overall photos of the area around the decedent
 - Take detailed photos of any evidence pertaining to cause and manner of death.
- **Firearms:**

Take photo of weapon as you found it prior to detailed photos

 - Take photos of the Make, Model and Serial Number
 - Take photos of both side views of the weapon
 - Take photos of any blood spatter on the weapon
 - Take a close up photo of the muzzle
 - Take photo of safety if present

AFTER OVERALL PHOTOS OF WEAPON

Engage the weapons safety (or have Law Enforcement render the weapon safe, if you are unfamiliar with the weapon).

-Revolvers:

- Open the action, maintaining the position of the cylinder and photograph to establish if a spent cartridge was under the firing pin.

-Automatic Pistols or Rifles:

- Remove the magazine and photograph it
- Open the action, and if possible take photo of the spent round in the chamber
- For Rifles and Shotguns (Bolt, Pump or Break action), open action and photo the spent casings or rounds in the chamber
- Take establishing and close up photos of all spent casings found outside of the weapon (i.e. on floor, bedding etc.). Ensure that they demonstrate the position relative to the decedent and weapon.

- **Ligatures:**

Prior to cutting the ligature and/or decedent down, take an overall establishing photo of the ligature, including anchor point and noose

- Photo the noose, provide a 360° perspective if still on the decedent
- Photo the anchor point
- Photo with scale or measuring tape showing distance (Anchor to floor, Anchor to noose knot)
- Take photos of any suicide notes or evidence of suicidal ideation (i.e., In Case of Emergency lists, property laid out in plain view)
- Take detailed photos of any blood spatter/stains
- Take photos of pertinent medications, showing entire label
- Take photos of alcohol containers, tobacco or drug paraphernalia

16.3 Photography of the Decedent

Take the following overall photos:

-Photo the face front and side view with at least one photo displaying the scene case number identifier.

- Right and Left side view
- View from head down
- View from feet up
- Anterior and Posterior views (one with clothing as found and one with clothing move aside)
- Photo lividity to show blanching
- Take close up photos of any significant trauma
- Photo the decedent's eyes to document presence or absence of petechiae.
- Photo any significant defect or abnormality
- Photograph any ID bands or bracelets

16.4 Natural Death Scene

Natural deaths are the most common and make up the majority of the Investigator's workload. These types of cases can become routine. It is essential that the Investigator work this type of case with the same thoroughness as any other type of case.

When an Investigator responds to the scene of an apparent NATURAL DEATH, the Investigator should approach the death as a Homicide until the scene evidence, the examination of the body, and the witness statements indicate otherwise. Treat the entire scene with the same diligence as a suspicious death. After the Investigator has surveyed the scene and determined that the death is apparently from natural causes, he/she should then proceed to gather information that supports this conclusion. However, things are not always as they seem. Do not overlook information that would indicate the death is not from natural causes.

16.5 Death Scene (No Next of Kin)

No next of kin deaths are common. It is essential that the Investigator work this type of case with the same thoroughness as any other type of case.

1. Is the residence secure – signs of forced entry, etc?
2. Examine the body for signs of trauma, livor, rigor, and algor mortis.
3. Describe body position in relation to residence (living room, kitchen, etc.; take measurements from objects, if necessary).
 - Appearance of residence – clean, neat, dirty, etc.
 - Is the body dressed appropriately for time and place?
 - Does the body appear to have been moved / searched?
 - Is there blood, feces, urine, or other excrement at scene/ on body?
4. Search for medications the decedent may have been taking. (Search the bathroom, bedroom, kitchen, trash receptacles, pantry, night stand, etc.)
5. Search residence for names of next-of-kin. (Search for cell phone, address book, phone book, answering machine, mail, doctors, hospitals-clinics, etc.)
6. Interview neighbors, if necessary, for relative information. Check mail box for newspapers, check cell phone, answering machine for dates and unanswered messages, etc., for possible indication of death date photograph the scene and body per policy.

Care Facility or Nursing Home Deaths

Natural deaths that:

1. occur in a nursing home, assisted living facilities, or adult family home.
2. When there is a caretaker on duty on the premises, where there is family listed as to NOK, DPOA, or Guardian, etc. and the patient dies in their facility and where the above have not pre-selected a funeral home in advance.

The Medical Examiner is not required to take jurisdiction on these cases for 24 hours. Facility staff members will be instructed to contact the decedent's next of kin for instructions on final disposition. The SCMEO will not assume jurisdiction on such case until due diligence in locating family has been performed by facility staff. The facility staff **MUST** continue to try and contact the NOK, DPOA, Guardian, etc.

16.6 Hospital Deaths

Hospital Deaths are common. It is essential that the investigator work this type of case with the same thoroughness as any other type of case.

1. Obtain a copy of the chart / medical records.
2. Obtain hospital blood and lab specimens. The specimens from the time of admission (admit blood) are particularly important.
3. Get time of admission and from where and how decedent arrived (ambulance, POV, etc.)
4. Ascertain if the attending or hospital physician will sign the death certificate (DC); obtain the name of the physician.
5. Obtain information from any prior admission and the admitting and discharge diagnoses; bring any blood specimens (especially admission blood) of the decedent to SCMEO.
6. If death is from a contagious disease, report it to the Health Department.
7. Be certain to document the date, time, and to whom you reported the information to.
8. Ascertain the name of mortuary if possible.
9. Interview family members, if present, to ascertain terminal episode history.

16.7 Aviation Incident Fatalities

Civil Aircraft Crashes

The Chief Medical Examiner and the Chief Investigator shall be immediately contacted when any aircraft fatality occurs. They are to be advised of the scene and circumstances surrounding the death and incident.

The investigation of aircraft accidents involves the cooperation and coordination of several government agencies. When the report of an aircraft accident is received, the Investigator will ascertain if the National Transportation and Safety Board (NTSB) has been notified. The NTSB will notify the Federal Aviation Administration (FAA). If the NTSB has not been notified, notification should be made by the reporting government agency.

When the air crash site is located over a large area or at a site that is not easily accessible (especially in a wilderness area), coordination with the Snohomish

County Sheriff's Office Search and Rescue Team will be the responsibility of the responding Investigator. In isolated areas where special training is required to enter the scene, the appropriate personnel who are trained to do so will take photos of the site, body location, etc. and they will make the removal and transport the body to either Paine Field in Everett or arrange for the ME to meet at an agreed-upon location for the transfer of the body, property, equipment, etc. All of the above must be documented, witnessed, and signed by the agent transferring the body to the SCMEIO Investigator.

Consider multiple fatalities.

** When safety permits, the Investigator shall respond to the scene.

** During the on-site investigation, certain details should be noted and certain procedures completed by the Investigator, as follows:

1. Determine – the death toll; if this could be classified as a multiple fatality incident, the Chief Medical Investigator (CMI) and the Chief Medical Examiner (CME) must be contacted immediately. If possible, this should be determined prior to responding to the scene.
2. Determine “what happened.” Consider the following:
 - Single or multiple aircraft incident
 - Midair collision
 - What type of aircraft
 - Was the aircraft airworthy
 - Obtain aircraft make – model – and N-number
 - How many engines & what type engine design

NOTE; Some aircraft are classified as light aircraft, experimental aircraft, gliders, etc. and are not under the authority of the FAA/ NTSB and those agencies may decide NOT to respond to the scene.

3. Pilot considerations:
 - Identification
 - Where was he/she in relation to the aircraft?
 - How do you know he/she was the pilot?
 - What is the experience level of the pilot?
 - What is the experience with this particular aircraft?
4. Describe and define the scene. How large is it? Use GPS coordinates.
5. PHOTOGRAPH:
 - All possible angles of the aircraft
 - Photo any identifying characteristics of the aircraft
 - Tag and photograph all bodies at their locations before bodies are removed. Remember to also tag all body bags.

6. Describe clothing items and personal effects (rings, watches, etc.) Prepare an inventory of personal property on each body, even if no property is present.
7. Secure the flight plan and list of pilot, crew, passenger and flights manifest, if possible; utilize the NTSB for assistance – they may already be on-scene.
8. If bodies are badly burned, decomposed, fragmented, etc. and tentative identification can be established and the deceased are known or suspected to have been in the military: Contact the Veteran Administration (422-4066) for assistance in identification. The VA can secure medical and dental records. Relatives of "tentatively identified deceased person(s) " should be contacted to secure medical and dental records of the deceased person(s) to establish positive identification.
9. Remember to be extremely careful in marking the remains and body bags so they will be easily identifiable on arrival to the SCMEO.
10. When the remains have been transported to the SCMEO, the bodies will be fingerprinted and ID photos taken. If unidentifiable, dental charts will be made in accordance with office policy regarding unidentified bodies.
11. If the bodies are tentatively identified and are MILITARY or are believed to be military, contact Office of the Armed Forces Medical Examiner in Rockville, MD., at (301) 319-0000. This agency shall secure military and dental records to assist in the positive identification. They will also make notification of death on all military personnel.

Commercial Aircraft: REFER TO DISASTER MANUAL

No bodies are to be removed from the scene or the aircraft prior to the consent of the investigator with the NTSB when the NTSB takes over jurisdiction of the crash site.

Military Air Crashes:

The Chief Medical Examiner and the Chief Investigator shall be immediately contacted when any aircraft fatality occurs. They are to be advised of the scene and circumstances surrounding the death and incident.

If an aviation accident occurs that involves military aircraft within the civilian jurisdictional areas of Snohomish County, the jurisdiction solely belongs to the Snohomish County Medical Examiner. In some cases, the jurisdiction of the

location of the accident must be verified; as an example, military bases can be exclusive federal; concurrent; or civilian jurisdiction.

In practice, the Office of the Armed Forces Medical Examiner (OAFME), Rockville, MD [(301) 319-0000] will dispatch a response team as soon as possible. This response team will vary in size depending upon the size and complexity of the incident, but will usually consist of at least one military forensic pathologist, investigator and photographer.

Depending upon the determination of the Snohomish County Chief Medical Examiner, the OAFME team will (in order of most to least common):

- (1) Be allowed access to Snohomish County facilities and jurisdiction will be waived to the military. The OAFME team will solely perform the necessary investigation, equipment analysis and autopsies. They will traditionally provide a “courtesy copy” of their final report for the files of the medicolegal office of the jurisdiction where the incident occurred.
- (2) Co-perform the necessary operations and investigations in a cooperative, shared manner.
- (3) In rare cases, the coroner or medical examiner desires to completely do the necessary operations. In this case, the military attends the various operations and makes their own notes.

It is sometimes said that “military aircraft have federal jurisdiction.” While this is true (and it is also true that Naval warships also have Federal jurisdiction), correctly interpreted this means that any crimes occurring aboard such aircraft and warships occur in areas of exclusive federal jurisdiction and will be investigated by federal authorities. If a person is injured aboard one of these locations, but dies in civilian jurisdiction (e.g., at a Snohomish County civilian medical facility), responsibility for the death investigation again belongs to the Snohomish County Chief Medical Examiner, with the caveat that again, jurisdiction can be waived to the military.

16.8 Scene Guidelines

The following are generalized investigative guidelines that should be followed and utilized as a minimum standard. The goal is to approach every scene with the same consistence and professionalism every time.

ASPIRATION

The aspiration / inhalation of food is a common form of accidental death. It occurs during meal times and is commonly seen in mental institutions and convalescent facilities.

A person who suddenly leaves the dining table and collapses, either on their way out of the room or on the way to the bathroom may have aspirated food. Children have been known to die as a result of this after falling or tripping with their mouths full of food.

Consider the following questions in these investigations:

1. Did the decedent indicate they were choking, or having difficulty breathing?
2. Had the death occurred while eating or shortly after?
3. Had the decedent consumed any alcohol? If so, how much?
4. Had the decedent been taking any medications?
5. Had the death or collapse been witnessed? Where? Restaurant or not?
6. Did such a collapse come without any complaint or suddenly?
7. What type of food was involved?
8. Is there a history of neurological disease?
9. Is there a history of developmental delay or schizophrenia?
10. Is there a history of seizure disorder / epilepsy?
11. Did decedent expel a foreign object? Describe size and appearance!
12. Was medical intervention performed? Was an object suctioned out?

The physical description of the decedent may or may not reveal significant findings. If asphyxia by aspiration is suspected, the Medical Examiner should be advised. **NOTE:** Decedents with a history of a terminal illness or a medical condition that involves a natural progression of decline, where the condition is likely to cause aspiration of secretions or gastric content *should not* be considered accidental deaths. If there are questions, the Investigator should confer with the decedent's attending physician.

AUTO / PEDESTRIAN

When SCMEIO is called to the scene of an auto / pedestrian death, he/she must keep in mind that this will probably be a case that results in litigation. With this in mind, he/she should be most diligent in the investigation and observations.

Listed below are some of the most important questions that must be addressed in the report:

1. Description of vehicle(s) involved. Impact area to each vehicle.
2. Direction of travel - vehicle and pedestrian
3. Weather / Lighting conditions at the time of the collision / time of day
4. Number of traffic lanes – traffic conditions
5. Exact location of the collision. Controlled intersection, crosswalk, etc.
6. Type of roadway / Any obstructions beside roadway or approach; identify all roadways as detailed as possible (HWY #, street, etc.)
7. Place of injury (s) visible on victim
8. Approximate distance victim was thrown after impact
9. Make note of skid marks in your scene diagram, if any.

10. (Conversely note the absence of skid marks at the scene).
11. Type of area (rural, city, school, residential, etc.)
12. Traffic investigators will estimate the speed of the vehicle(s) involved.
13. What is the posted speed limit?
14. Evidence of alcohol / drugs involvement at the scene?
15. Did vehicle stop at the scene?
16. What part of vehicle struck the victim?
17. Was victim walking, running, riding a bicycle, etc?
 - Bicyclists and pedestrians:
 - Any lights on bikes (on or off at time of collision), type of clothing, any reflectors or reflective clothing worn, helmeted, head (ear) phones, etc.
18. Any charges pending against the driver of the vehicle involved?
19. Airbag installed?
20. Airbag discharged – driver, passenger?
21. Seat belts – restrained or not?
22. Where is the damage on the car?
23. Is there tissue, hair, clothing or any other form of transfer of evidence on the vehicle?

Auto / Pedestrian Safety

One of the main concerns; Is the scene safe? Has law enforcement provided a safe environment in which to work? Is traffic a safe distance away from the scene? If not, then talk to the law enforcement and ask that the scene be made safe or move the body to a safe place (e.g. field, closed-off road).

Photography for traffic deaths: (considerations in addition to photography policy)

- Photo all sides of vehicles involved
- Take detailed photos of the damaged areas
- Take close up photos of any blood, hair, tissue, trace, impressions or similar evidence on the vehicle or roadway

DRUG OVERDOSE

In deaths relating to drug overdose or suspected overdose, it is important to ascertain the type of drug (s) or suspected drug (s) involved. There are a number of important facts that should be ascertained by the SCMEIO Investigator when dealing with drug related deaths. Many times answers can be obtained from family members and others at the scene.

The following items should be considered during your investigation:

1. Was the deceased a known drug user? If so, how long? Amount used?

2. Type of drug (prescription or illicit) at scene
3. If medication, type and by whom prescribed
4. Were medications prescribed by more than one physician?
5. Amount of medication found at the scene vs. # dispensed
6. Had decedent shown a change in behavior (depression, agitation, etc)
7. Had there been a change in marital status, death of a friend or relative, pending court action, legal charges, etc.?
8. Is there a history of a prior overdose? When?
9. Was overdose accidental?
10. Check area wastebaskets and trash containers, refrigerator, toilet, etc.
11. Medications suspected to be directly related to the death should be photographed per policy and recorded on the Field Medication form prior to being transported to the ME's Office.

*** All drug paraphernalia & illicit drugs are to be collected as evidence by the investigating law enforcement agency.

*** We Do Not Test drugs or drug paraphernalia at the SCMEO.

12. Inventory all medications brought into SCMEO per policy
13. If IV drug use is suspected, attempt to locate injection sites, if possible.
14. All overdose or suspected overdose cases will be brought into the morgue for an autopsy. If the case is a suspected suicide, utilize the *suicide protocol* here.

Drug Overdose Safety

In drug overdose situations, be very cautious of uncapped syringes when examining the decedent and the scene. Do not push your hand into a pocket without first checking the pocket for sharp objects. This can be done by feeling the outside of the clothing on the body or by using a pair of forceps to check the pocket.

Be cautious of fluids and unknown liquids at the scene. If you detect strong odors or noxious fumes, make sure there is adequate ventilation. If there is inadequate ventilation, remove yourself from the scene and inform the agency that has jurisdiction and ask for better ventilation. If you perceive a hazard, avoid it.

DROWNING (Bodies Found in Water)

In addition to the routine questions that are asked by the Investigator in a death investigation, there are several questions that are imperative in the investigation of death by drowning. The investigator should always keep in mind that the death could be a result of a homicide made to look like an accidental drowning. Listed below are some of the questions that should be asked at this type of scene:

1. Type of water - fresh or salt

lake	bath tub	river
floodwater	hot tub	pond
swimming pool	Jacuzzi, etc.	
2. Was water flowing and, if so, approximately how fast?
3. Temperature of the water/ and ambient temperature.
4. Type of bank at entry point (cliff, overhang, steep, gradual, level, etc)
5. How far did the body travel after entering the water?
6. Type of bottom (mud, sand, gravel, boulder, etc.)
7. Is the location known for underwater holes, under currents, shifty bottom, etc.
8. Is the water known for obstructions?
9. Maximum depth, if known
10. Swimming ability of the decedent
11. Was the incident witnessed? If witnessed, what was the time the decedent entered the water; obtain names, addresses and relationship to the decedent of each person observing the incident.
12. Did the decedent enter the water voluntarily (swimming, wading, rescue attempt, rafting, water skiing, diving) OR involuntarily (fall or push from a bridge or dock....how high?)
13. Activities prior to entering the water
14. If swimming pool – public or private? Was the pool fenced?
15. If not a swimming pool, was the area commonly used for swimming?
16. Was decedent trespassing? If so, how was entry gained?
17. Describe clothing
18. Body recovered by whom? How recovered? Time recovered? Location where body was found. If found in water, what depth?
19. Position of decedent when found.
20. Any motor boats in the area – if so, outboard, inboard, etc.
21. How long was the decedent submerged?
22. Was a missing person report filed? If so, by whom? What agency was notified and what is the Case #. Any known NOK information?
23. Any medications taken by the decedent?
24. Was decedent a known abuser of alcohol? Recent or chronic?
25. History of any known diseases? Any history of seizures?
26. Is there any vegetation in the water?
27. Is there anything unusual about the scene not covered above?
28. PHOTOGRAPH the body and the scene.

DROWNING: APPARENT SCUBA

The following should be completed for SCUBA deaths and is subject to the presence of an appropriate information source.

1. Water temperature at time of death - degrees if known, otherwise: cool, warm, cold, or freezing.
2. Was there a history of seizure disorder or heart disease?
3. What is the deceased's SCUBA experience / training?
4. Was the deceased diving alone, with a buddy / class / instructor?
5. Were there previous dives on that day?
 - What time did they occur?
 - How long did they last?
 - What was the maximum depth attained?
 - What was the time interval between dives?
6. Did the deceased have a cold, sinus, or ear trouble?
 - Did he use medication or nose drops before the dive?
 - What kind of medications or drops?
 - Quantity used and time taken?
7. Was the deceased at the surface? If not, what depth last seen?
What was the total elapsed time of the fatal dive until deceased was last seen? What was the maximum depth attained?
8. What were the water conditions (visibility, wind, wave, and current) at the time of the accident? Any debris/ hazards in the water?
9. How far from the shore or boat was the deceased when last seen?
10. At the time of body recovery,
 - Were mask and both fins in place?
 - Was the weight belt in place?
 - Was the clasp functioning properly?
 - Number of pounds of weight on the belt?
11. Was a flotation device or buoyancy compensator present on or about the body at the time of recovery?
 - Was in inflated or not?
 - What was the position of the tank reserve valve at the time of recovery? On or off?
12. If survival occurred after the dive, were there complaints of aches or pains in joints or muscles, paralysis, coughing, breathing difficulties, visual disturbances or headaches?
13. Were decompression stops planned or performed in the course of the dive?
 - Was there an emergency ascent?
 - From what depth and what factors precipitated the ascent?
 - Was ascent achieved with or without use of SCUBA breathing unit?
 - Where did the diver have his tanks filled?
14. Did the deceased indicate an equipment malfunction before or during the drive?
15. Was diving gear rented or owned by the deceased? If rented, what is the Agency name?

16. How was the deceased recovered?
17. PHOTOGRAPH the body and the scene.

*** Before removing the equipment from the body and the scene.

Photograph the equipment including the gauges, dials, knobs, regulator, attachments, etc.

ALL DIVING GEAR AND ACCESSORIES ARE TO BE SECURED AND RETURNED TO SCMEO.

Scuba Diving Safety- Be careful around pressurized tanks. Make sure they are properly secured for transport.

Drowning Safety

One of the concerns with drowning scenes is their association with water. Drowning often takes place near large bodies of water. Remember, Search and Rescue will recover the body. You do not have to enter the water to recover the body. If you do go in the water or in a boat make sure you are provided with a personal flotation device and made familiar with the watercraft. If you perceive a dangerous situation, have the dive team or Search and Rescue bring the body to you. Please refer to Chapter 11 Section VIII of the safety manual for further information.

ELECTROCUTION

1. Describe and photograph the scene.
2. Temperature of area in which deceased was found. If unable to get an accurate reading from a thermometer, estimate.
3. Was deceased using electrical apparatus? Describe.
 - UL approved? Safety equipment in use?
 - Grounded source or/ Circuit protections?
 - Three wire plug and socket?
 - Any obvious physical trauma? Location of trauma!
 - Entry and/ or exit wounds obvious?
4. Was protective device by-passed?
5. Is apparatus still operable?
6. Was there a rescue attempt?
7. Anyone ever shocked or injured with this apparatus before?
8. Type of floor or platform? (Wood, metal, concrete, etc.)
9. Condition of floor? (Wet, dry, covered with material of some sort?)
10. If outdoors, condition of floor? (Grass, dirt, wet, dry, etc.)

*** Is there a BOOM Truck at the site near where the body is found?

11. Was the incident witnessed? By Who? Get copy of statements from Police!
12. Anything unusual about the case not covered by above? Explain.
13. Bring in the piece of equipment for testing. If this is not possible, then make arrangements for it to be tested.
14. Job/ work related incident? L&I notified? Years experience/ familiarity, Employer and/ or decedent licensed/ bonded?

Electrocution Safety

Be extremely careful around electrocutions. Do not go anywhere near the scene until you are assured that the power is off and there are no possibilities of further electrocutions. In a house, make sure the circuit breaker is off. At an outside scene involving power lines, make sure a representative from the power company has been consulted. Stay away from water and electrical equipment.

If in doubt about your safety, stay away from the scene. Even if you have been given assurances that the scene is safe, but you still have concerns, do not enter the scene. Please refer to Chapter 16 of the safety handbook for further information.

EXPOSURE

As in any death investigation, death from exposure (hyperthermia / hypothermia) has its own idiosyncrasies. Hyperthermia deaths are the result of greatly increased body temperature where as Hypothermia deaths are the result of greatly reduced body temperature.

On arrival at the scene and during investigation, certain questions should be considered. It is the duty of the investigator to ascertain whether the death is truly accidental or possibly suicide or even homicide. Besides the usual questions, the following information should be obtained:

1. Describe the area in which decedent was found, and PHOTOGRAPH
2. What is the position of the body? Did decedent appear to be trashing about prior to the death? Any artifacts of movement noticed in the ground, snow, dirt, leaves, etc.?
3. Temperature of area where the decedent was found. If unable to get accurate temperature, estimate / check for prior day's weather conditions.
4. How is the decedent dressed? Type of clothing (i.e. wool, cotton, etc.) Are there items of clothing near the body? Does it appear the decedent was removing items of clothing?

*** If so, is there a clothing trail of removed items, possibly removed during intervals of time?

5. What is the condition of the clothing? (wet, dry, torn, etc.)
6. Apparent reason for decedent being where found (car breakdown, hunting, fishing, camping, etc.)
7. Had decedent traveled far from shelter? Where was decedent going?
8. If decedent was found in snow, was snow under the body?
9. Was decedent familiar with the area? Describe.
10. If decedent was inside a building, what was source of heat or cold?
11. Was heat available? If so, from where?
12. Was alcohol involved?
13. Is there anything unusual about the case? Describe.
14. Is there evidence of violence at the scene? If so, explain.
15. PHOTOGRAPH the scene.

Outdoor Scene Safety

Outdoor scenes pose a number of hazards from steep terrain, to water, to confined space hazards.

In all of these situations, you will be working with another agency such as law enforcement, Search and Rescue, and the dive team. Coordinate your activities with the members of the other agency. If it is necessary to go to a hazardous location to view or recover a body, do not enter that area unless you are properly trained and equipped. If you do not feel safe, have the agency bring the body to you. You do not have to perform search and rescue operations. That is not your job.

In steep terrain, do not try to raise or lower a body without proper training. You should not be present on steep terrain without proper training. Let the people with proper training and equipment handle the scene. If there is a danger from falling objects, wear a helmet. (See Safety handbook Chapter 11 Section V).

In or near water, coordinate your activities with Search and Rescue, law enforcement, or the dive team. If there is a danger of drowning, be sure to wear a personal flotation device. (For a further discussion, consult the Snohomish County Safety and Health policy and procedure handbook Chapter 11 Section VIII).

If there is a confined space issue, do not enter the area without proper training. Remember, a confined space is a space that:

1. Is large enough and so configured that employees can enter and perform work.
2. Has limited or restricted means of entry or exit.
3. Is not designed for continuous employee occupancy.

Confined spaces included but are not limited to, storage tanks, process vessels, bins, boilers, ventilation ducts, sewers, underground utility vaults, etc. (For a complete discussion of the topic consult the Safety Handbook Chapter 13).

FALL vs. JUMP

Deaths due to an accidental fall are frequently reported to SCMEO. These deaths constitute a large percentage of all accidental deaths in Snohomish County.

Consider the following points of investigation:

1. Temperature of area in which deceased was found. If unable to obtain an accurate reading from a thermometer, estimate.
2. How far from vertical line of fall was deceased found / height of fall. How far away from the building, cliff where the deceased was found?
3. Did the deceased strike any objects during the fall?
4. Describe the specific site! Was subject on a ladder, roof, retaining wall, etc. Who owns the site? Is it job/ work related? Is it a private residence or a construction site?
5. Any defect in walking surface or apparatus?
6. Did deceased fall from standing height?
7. Condition of surface (slippery, foliage covered, etc.)?
8. Safety equipment - used / unused / defective?
9. Was the fall / jump witnessed?
10. Anything unusual about the deceased's activities? Did the deceased have to climb over or go around any obstacles or barriers?
11. Was deceased pursuing his job activities?
12. Could deceased have jumped?
13. Could deceased have been pushed?
14. Condition of clothing?
15. Describe what 'allegedly' occurred.
16. If fall or jump occurred in or from a hotel, apartment, home, etc., and was suspected to have originated from a window, note :
dimensions of window, height of sill from the floor, open or partially open, devices for holding window open, obstructions on floor or in front of window, security bars/ screens attached, if so, any damage?
17. Is Civil or criminal litigation anticipated?
18. Unusual scene circumstances observed that are not covered above?
19. PHOTOGRAPH the scene.

Fall or Jump Safety

Falls and jumps can occur in a variety of settings usually in association with some elevation. This may be at the top of a cliff, a building or monument, a waterfall or at a construction site. In these settings, there is the danger of you falling from an elevation. Take that into consideration and stay away from the edge. Depending on the scene, the edge above a drop may be quite slippery and dangerous.

- On the construction site be sure to take someone else that works at the site and knows the hazards. Be cautious on unfinished floors where there are no walls and few signs and barriers.
- Wearing safety glasses and hard hats such as those carried in the vans can minimize the danger of falling objects. Make sure you wear a hard hat the entire time you are at the scene. Be cautious of unfinished parts of a building with no railings, windows, and holes in the floor.

FIRE

When the Investigator is called to the scene of a death that is apparently the result of a fire, certain factors and information should be ascertained. Cooperation with the fire department at the scene is essential and the SCMEIO Investigator should work closely with the Arson investigator.

The following information should be contained in the investigative report:

1. Where were the bodies located (bedroom, closet, porch, outside, etc.)?
 - Record position of all bodies at the scene.
 - Did fire consume immediate area of the deceased?
 - Did fire consume the deceased clothing
 - Was an exit available?
 - Was the exit locked or blocked?
2. Origin of the fire.
3. Nature of the fire (electrical, solvent, cigarette, etc.)
4. Any evidence that the fire may have been used to conceal another crime?
5. Describe the structure
 - Structural damage
 - Construction type (brick, wood, outside, etc.)
6. Witnesses
7. Contributing factors prior to the fire (party, senility, mental state, etc.)
8. Did decedent smoke, drink to excess, use medication / narcotics, etc.?
9. Were smoke detectors and/or fire alarms in the structure and operational?

10. PHOTOGRAPH the body and the scene. After removal of the body, PHOTOGRAPH the area beneath the body & then recover any clothing, fragments of evidence, debris, etc.
11. Any deceased animals are to come to SCMEO as well.
12. Upon removal, careful attention should be made for personal property and/or identification that may be under the remains. *Do not* remove jewelry at the scene. This will be done later by the Medical Examiner at the time of the autopsy.

All bodies will be transported to SCMEO for autopsy. Prior to removal of the decedent from the scene, it will be properly tagged with the name, if known, case number, date, and the location of the body at the fire scene.

NOTE: All severely burned or charred remains will be scheduled for X-rays after arrival at SCMEO. There is always the chance that traumatic wounds (namely gunshot) to the body are purposely covered up by the burns / fire scene.

It can be extremely difficult or impossible to detect gunshot wound injury to the body that has received third or fourth degree burns!!

Fire Safety

At a fire scene there are a number of hazards:

- Burning buildings
- Noxious fumes, toxic gases, heat and steam.
- Structural instability of the site
- Falling objects
- Falling
- Unstable ground
- Sharp objects - danger to feet and hands

Always coordinate your activities with the fire department or incident commander at the scene. Make sure that it is safe before you enter the scene. If in doubt, do not enter the scene.

Make sure the fire is extinguished before you enter a scene. If you see flames make sure you inform the fire department and get out.

If there are noxious fumes, make sure there is adequate ventilation for at least 15 minutes before you enter, or you have appropriate protective equipment that you have been trained to use. If in doubt, do not enter the scene.

If there are concerns about the structural stability of the scene, do not enter. Talk to the fire department.

If there is a hazard from falling objects, wear a hard hat and safety glasses. For more information refer to chapter 11 section V of the safety manual. Hard hats and safety glasses are present in the vans.

If there is a possibility of falling and/or unstable ground, make sure you have the proper equipment and are properly secured. If you are unsure of what to do, do not enter the area.

For sharp hazards to the feet and hands, wear the correct foot protection. Consult chapter 11 section VI of the safety manual.

OCCUPATIONAL

In the investigation of deaths that occur as the result of an occupational accident, the Investigator must be thorough. Occupational deaths can and do encompass all types of occupations, therefore the Investigator must be extensive in his/her interview of the decedent's employer and co-workers. Call Labor and Industries "Fatal Line" 360 902 5576. This office usually works with Eric Wiseman 425 290 1429.

The following is a list of questions to be considered in all occupational deaths:

Obtain names of the following:

- Name and address of company
- Owner
- Foreman
- Immediate supervisor
- Any and all witnesses to the accident

Time of incident

- How long employed by the company?
- Was the employee in good standing with the company?
- Time on the job that day, and time reported to work.

How long doing that particular job? Was formal training required to do the job – if so, where received?

Describe exactly what decedent was doing at the time of the accident.

Contributing factors –

- human element, machine failure, electrical component.
- exposure to solvent or fumes
- combustion in same room
- inadequate ventilation
- Is special clothing or safety equipment required for the job? If so, was decedent complying with regulations?

- Did anyone smell alcohol on or about decedent prior to accident?
- Was decedent's actions prior to accident in keeping with safety procedures?
- Is business covered by the State Department of Labor and Industries?
- Anything unusual not covered above?

PHOTOGRAPH

Take photos of the body and the scene per policy

Photograph the scene from all *angles*

Every occupation has its own hazards and stresses. The Investigator should familiarize himself or herself with some of these hazards. Some examples for questions to be asked for the following occupations are listed below:

Electrical

1. Was proper clothing and gloves worn by the decedent?
2. Source and amount of voltage in the wire.
3. What caused the grounding of the current?
4. Did some equipment strike a power line? If so, what equipment and describe incident.
5. Name of the operator of the equipment and his/her qualifications.
6. Was the decedent in or near water at the time of the accident?
7. Are entry and exit wounds visible? If so, where – describe.
8. If tree trimmer involved, was power company notified to turn off power before the trimming started?

Construction

1. Was decedent using power equipment at the time of the accident?
2. How high off the ground was decedent working at the time of the accident?
3. Is there a BOOM truck nearby/ or any power lines, etc.
Was the truck in use at the time of the collapse?
4. If using a stud gun, was decedent qualified?
5. Were proper multi-breakers installed in the line?

Occupational Safety

Investigation of occupational deaths may place you in close proximity to a number of different machines that are potentially dangerous.

It is important to understand the procedure for control of hazardous energy (lockout/tagout). This helps to safeguard employees from an unexpected energization or start up of the machine or equipment or the release of stored energy that could cause injury or death.

Machines or equipment that are at or near the scene must be stopped, de-energized, isolated from all potentially hazardous energy sources, locked and tagged out. For a more complete discussion, review chapter 16 of the safety manual. Make sure the scene is safe before you enter.

TRAFFIC

Body at Scene:

Police should contact this office as soon as a death has been confirmed in order to respond in a more timely manner making it possible for the closed/ congested roads to reopen.

When a report of a traffic collision case with deceased person (s) at the scene is received, respond to the scene as soon as possible. Remember to drive within the posted speed limits, as a SCMEO vehicle is not an emergency vehicle. At times, the investigating officer at the scene may request the responding investigator for permission to remove the bodies and vehicles in order to clear the highway, reduce hazard and to keep traffic moving. It is always the responding investigator's decision whether or not to allow the movement of bodies in vehicles. Remember, it is office policy if the remains are creating a danger to life and property, it is best to allow the movement of bodies and vehicles to the nearest safe place (shoulder of roadway, close open field, etc.). If the body (bodies) are still in the vehicle(s) when the police agency calls, if at all possible, the body and vehicle should remain as is until our office arrives so we can document and photograph the scene, vehicles, bodies, etc. for a more precise record of vehicles and possible impact to injuries documentation for Pathology.

On a number of occasions the paramedics responding to the scene will remove the body from the vehicle/ other location in order to attempt medical intervention. In cases where the body has already been removed from its initial position or location by the medics or other persons prior to your arrival at the scene and persons on-scene are requesting to move the decedent(s) a second time, it is still at the discretion of the ME Investigator. They are not to move the decedent without first obtaining authorization from this office.

On arrival, note the following:

- Weather
- Traffic conditions
- Time of arrival
- Names of officers handling the investigation
(initial responding officer and detectives following up the scene)
- Lighting conditions and visibility – Time of day
- The condition of roadway, traffic restrictions, and speed limit
- Hazards such as curves, blind intersections or parked cars
- Controlled intersection or warning signs/devices
Traffic light, stop signs, yield signs, caution signs, etc.

- (rural, county, or state road, (names &/or highway #)
- Location of vehicles involved
(presence or absence of tire skid marks or etched artifacts on highway)
- Odors – alcohol, gas, etc.
- Location of bodies and where they had been seated in the vehicle
- If bodies are still in the vehicle, tag them as they are removed, starting with the operator/driver if possible. Removal order will be dependent on how extricating is accomplished.
- Note accurate clothing description of each victim
- Restrained or unrestrained; air-bag deployment or not?
- Pre-collision history – where was the decedent prior to the collision
- Trip plan – where was the trip scheduled to begin and end
- Year, make, model and color of vehicles
- License plate numbers
- Who and what addresses are the vehicles registered to

List injuries to the victims, ascertain what portion of the vehicle may have caused the injury. Determine in your opinion what happened and what the direction of travel had been.

Describe the vehicle:

- What areas are damaged
- Is there significant intrusion
- What does the passenger compartment look like
- What does the dashboard look like
- Are the keys in the ignition switch & turned on/off. Who turned ignition off?
 - *Is the ignition broken with foreign object in the key switch location?
 - Etc.
 - *What gear is the vehicle in? Automatic or standard transmission?
 - *Headlights, wipers, radio (loud music), turned on? (headlights turned on & broken upon impact will appear singed and possibly have a milky residue inside the glass lens. Lights turned off will not.
- *Look for a possible telephone on floor or seat. Is it turned on/off?
- Is there windshield impact
- Are the windows intact? Are the windows tinted? How dark are they?
- Photograph the vehicle from four sides
 1. Areas of damage should be photographed again.
 2. Interior photos should focus on where the death occurred
 3. Is there any alcohol or containers present/ Photograph all evidence
 4. Be sure to photograph windshield, dash, & anything damaged

Note the towing service and address where the vehicle was taken.

Body at Hospital:

Process like any other non-homicide at the hospital:

1. Obtain a copy of the chart / medical records.
2. Obtain hospital blood and lab specimens. The specimens from the time of admission (admit blood) are particularly important.
3. Get time of admission and from where and how decedent arrived (ambulance, POV, etc.)
4. Obtain any available information about the traffic collision and the vehicles involved from the investigating law enforcement agency. Determine if this is a criminal case.

Follow-up:

Some background information will be of value if available, such as where the victim was coming from, destination, how long they had been on the road, etc. mental and emotional condition is helpful to determine if mode is possible suicide vs. accident.

Traffic Safety

Investigation of a traffic scene can present a number of hazards.

- Exposure to moving traffic
- Noxious fumes from fuel spill of ruptured gas tank
- Cut hazard to hands and feet from glass and sharp debris
- Steep terrain – vehicle down an embankment
- Biological hazard – blood and body fluids at the scene
- Confined space – in the vehicle or where the vehicle came to rest
- Structural – vehicle unstable
- Water – vehicle in river, lake, ocean
- Fire – vehicle fire

A very common situation that one is confronted with: Is the body on or near the roadway with traffic moving past the scene. Law enforcement should block off the scene so that moving traffic is kept far enough away so that there is a safe area to work. You want to be certain that you are protected from moving traffic. Before you enter a traffic scene make sure it is safe. If it is not, ask law enforcement for help or consider moving the body to a safe place such as a nearby field or a completely blocked off road. Do not put yourself at risk.

You might also encounter spilled fuel or other noxious fumes. If you do, contact law enforcement and let them know what you have found. If you think that you

are at risk, remove yourself from the scene. The fire department and/or the Hazmat team can then deal with the hazard.

Make sure you use heavy gloves and shoes or boots to protect your feet and hands from sharp objects and debris. Do not reach into areas where you cannot see. Make sure the vehicle is stable. Be certain that it will not move when you examine or move the body. If the vehicle is or appears unstable, consult with law enforcement or the fire department and have them secure or stabilize the vehicle. Do not approach the vehicle until it is safe.

There may be blood or other biological fluids at the scene. Make sure to wear gloves, safety glasses, masks and Tyvek suits, when appropriate. Always wear gloves when handling a deceased person.

Vehicle fires are a hazard during and after an accident. If you see smoke or flames get away immediately and notify the fire department. Do not attempt to fight the fire yourself unless you have been trained. If the vehicle comes to rest in steep terrain (e.g. over a cliff, steep embankment), do not try to investigate the scene without the proper safety equipment and training.

If the body is in a hazardous location let the fire department or search and rescue remove the body and bring it to you. In a similar way, if a vehicle winds up under water, let the agencies recover the vehicle from the water and bring it to shore before you start your investigation.

Depending on how and where the vehicle comes to rest, examination of the body may represent a confined space hazard. Please consult the other areas of the manual for a discussion of confined space and chapter 13 of the safety handbook.

TRAIN DEATHS

With the vast miles of track and diversity of landscape within and around our county there are many opportunities for train deaths.

It is well known to any Investigator with years of experience that individuals often use the train as an instrument for suicide; however, many more individuals die as a result of accidental causes. Below are some important factors to consider in your investigation.

Pedestrian:

1. PHOTOGRAPH the scene.
2. Description and color of decedent's clothing.
3. Was decedent visible to the conductor or engineer?

4. Name of railroad company, the conductor and/or engineer on duty and identification number of train involved. Number of railroad cars hauled by train.
5. Direction and estimated speed of train upon impact with decedent.
6. Amount of distance before train came to a complete stop.
7. Condition of decedent (description of injuries).
8. If decedent was dragged, amount of distance. Make sure to walk along this area if there may be a large amount of tissue in the debris field.
9. Was the odor of alcohol noted from the decedent?
10. Were any illegal or prescription drugs found on decedent?
11. Name (s) of railroad agents or officers assigned by railroad company to the accident.
12. Were any witnesses present? If so, interview.

Auto

1. Was decedent's vehicle visible to the conductor or engineer prior to the collision?
2. If so, what were the vehicle's movements prior to the collision?
3. If present, were the crossing guards and/or lights in working order?
4. Name of the railroad company, the conductor and/or engineer on duty and identification number of train involved. Number of railroad cars hauled by train.
5. Direction / estimated speed of train upon impact with decedent's vehicle.
6. Amount of distance before train came to a complete stop.
7. Damage description of decedent's vehicle. If dragged, how far?
8. Was the odor of alcohol noted from the decedent? Any alcoholic beverage containers located in the vehicle? Empty or full?
9. Were any illegal or prescription drugs found on the decedent?
10. Name (s) of railroad agents or officers assigned by company to accident.
11. Were any witnesses present? If so, interview.

Safety Information to Know When Working Around Trains

Always make sure that a railroad official or the railroad police know that you are on railroad property near the tracks. This information is important so that approaching trains are aware of activity on or near the tracks.

Make sure someone on site is monitoring the area for possible approaching trains while you are conducting your work. Don't assume that an approaching train can stop in time to avoid you. Trains are very heavy and take long distances to stop. The average freight train at 50 MPH will take a mile or more to stop. An average passenger train at 50 – 60 MPH will take at least two-thirds of a mile to stop.

Remember that trains are wider than the tracks they run on. They overhang the rails by at least 3 feet on each side.

Be sure to stand back at least 15 feet from a passing train. Chains, metal straps or other load binding devices sometimes break and swing out. These are very deadly when connected to a moving train.

When multiple tracks are present, always be aware of the possibility of a second train. Trains can travel on any track, in any direction, at any time! Freight trains do not run on schedules.

Trains generally don't sound their warning horns in areas where there are no grade crossings and can be deceptively quiet when approaching. The clickity-clack sound of trains running over rail joints is quickly disappearing. Modern trains run on seamless ribbons of continuous welded rail and can be very quiet.

SUICIDE

A suicide assessment form is mandatory on all suicides and apparent suicides. Complete as much information as possible on the form even if there are no witnesses or family members at the scene at the time of your investigation.

*This form is most helpful to investigators doing follow-up work and for Pathology for determining cause/ manner of death at the time of the examination.

This section will represent the most common types of suicidal death that the Investigator will encounter during his/her career. The intensity of investigation will often match that of a homicide investigation.

As in any type of death investigation, there are certain types of questions and observations that should be noted by the investigator. In a possible suicide, these questions and observations will assist the investigator in making the decision that a suicide actually occurred.

SUICIDE - CARBON MONOXIDE

Suicide due to carbon monoxide inhalation is most often associated with motor vehicles, either in an enclosed garage or parked in an isolated area. Other sources have included generators and charcoal grills. Carbon Monoxide is an odorless, colorless, non-irritating gas that results from the incomplete combustion of carbon-containing materials.

Excessive inhalation of carbon monoxide will lead to asphyxia by blocking the respiratory pigment hemoglobin of the red corpuscles from carrying oxygen to the tissues and from returning carbon dioxide to the lungs. The following are symptoms manifested by progressive blood saturation of carbon monoxide:

Important questions and observations to consider with a suspected carbon monoxide suicide are:

Vehicle parked in isolated area:

1. PHOTOGRAPH the scene.
2. Record make, model, year, and license # of vehicle
3. Was vehicle registered to decedent? If no, who?
4. When decedent was found, was the vehicle still running?
5. Was the key in ignition? If so, its position.
6. Were the windows closed, doors locked, radio or heater in the on position?
7. What was the reading on the fuel gage?
8. Describe type of apparatus connected to tailpipe and its connection points (hose, etc.) – if apparatus present, bring to SCMEO.
9. Was soot found at or near connection points? NOTE: If vehicle is propelled by natural gas (propane), no soot will generally be found.
10. What was temperature of hood when vehicle was found?
11. How was decedent positioned inside the vehicle?
12. Was a note found? If so, does handwriting compare with the decedent's?

Inside a garage:

1. Follow steps 1-12
2. Could automobile in garage be responsible for CO in the house
3. Could a defective heater be the source of CO
4. Is garage single or multi vehicle ?
5. Is garage door manually or electronically operated?
6. What was the position of the garage door when decedent was found?
7. Was any material found stuffed under garage door or window junctions?
8. Was there the absence of repair tools found near or on the vehicle?
NOTE: Presence may suggest accidental death.
9. Any other sick or dead humans or animals involved?
10. What was the health (emotional and physical) of the decedent.
 - Change in marital status?
 - Life circumstance change
 - Recent behavior change
 - Recent diagnosis of illness
 - Was decedent being treated for depression, nervous disorder, etc.
11. Any circumstances not covered above? Describe.

SUICIDE – HANGING

Remember that a vast majority of hanging deaths are suicidal in nature; however, some are due to accidental causes (autoerotic deaths) and rarely homicidal.

Death by hanging is caused by the ligature either ceasing the arterial blood supply to the brain or blocking the venous blood return from the brain. Loss of consciousness occurs rapidly, adding increased tension to neck structures by added weight of a limp, suspended body. It is NOT necessary for the ligature to surround the neck completely as long as it is applied under the chin so as to compress the sides of the neck. The following are thing to remember:

1. Hanging can take place in ANY POSITION provided the pressure on the neck is maintained above that necessary to cause vascular occlusion.
2. Hanging can be accomplished from ANY HEIGHT; a majority of victims have both feet touching the ground or floor (“incomplete suspension”).
3. In a suspended body, lividity is generally limited to the lower half of the body, hands, and forearms. If body is cut down within 4 to 5 hours after death, lividity will shift to new, dependent areas.
4. Tiny, pin point hemorrhages called petechiae (or petechial hemorrhages) may be present in the face, particularly in the eyelids and conjunctivae. Check for their presence and document.
5. Slightly larger hemorrhages (“Tardieu hemorrhages”) are normally found in dependent areas with the lower extremities often being more notable in usual hangings.

Important questions and observations to note with a suspected hanging suicide are:

1. Who cut the deceased down (preserve the ligature as much as possible)?
2. If present, is lividity consistent with body position?
3. Is there an absence of trauma to the body - defense wounds, bruises, scratches, etc. (e.g., to help rule out Homicide)?
4. Are the hands bound? Are restraints present? Could the decedent have applied them? Is there a so-called “quick-release” mechanism (as may be seen in auto-erotic asphyxia)?
5. Is pornography or evidence of sexual activity present (as may be seen in auto-erotic asphyxia)?
6. Were other means of suicide present (firearm, medication, poison, etc.)?
7. Did decedent have a history of prior attempts?
8. Is ligature furrow to neck consistent with body position? If horizontal, there is a possibility of strangulation.
9. Was a note found? If so, location? Can it be verified as the decedent's?
10. Are there any restraints on the body?
11. Regarding the ligature:
 - Describe – type of material, etc.
 - Describe position on the neck
 - Bring to SCMEO as intact as possible.
 - Describe the knot –
 - When photographing, include the knot from various angles
 - Where was it tied

- Is it occupation specific?
- Measurements required
 - Point from support object to knot/loop
 - Loop/knot to floor
 - Floor to lowest point of body suspended
 - Anchor to floor
 - Height/description of any item used to stand upon (would the decedent have been able to get in the noose?)
- If ligature must be cut, place a piece of tape “long ways” on the ligature with arrows pointing towards each other – cut at the middle point where the arrows meet.
 - *Circular taping of the ligature may be necessary in order to keep the cut ends of the ligature from fraying.

SUICIDE OVERDOSE

The investigator will often find that the majority of decedents who use this method of suicide will be females. This coincides with the fact that an overdose of drugs is less destructive and disfiguring to the body. Important questions and observations to note in a suspected overdose suicide are:

1. Were medications present?
 - Describe the medication and location
 - Number dispensed vs. the number remaining in the bottle.
 - Who was medication prescribed to?
 - *Photograph the prescription bottles w/ the labels forward for record
 - *Macro setting on your camera may be necessary
 - Could it have been taken by accident?
 - Log accordingly.
2. Were empty alcoholic beverage containers present? If so, how many?
3. Had decedent ever attempted suicide in the past? Explain and give details.
4. What was the decedent’s medical / physical history?
5. Recent medical treatment, and if so, for what condition?
6. Was a note found? If so, location?
7. Can decedent’s handwriting be verified?
8. Any recent change in behavior? Health condition? Psychological disorder?
9. Anything not covered above? Explain.

SUICIDE – GUNSHOT

The Investigator responding to a suicide call will most frequently encounter a scene involving the use of a firearm. Important questions and observations to note:

1. PHOTOGRAPH the scene. Include blood spatter patterns if observed.

2. What was the decedent's location (bedroom, kitchen, garage, outside, etc.)
3. Was the inside house, bedroom, immediate indoor scene locked/ dead-bolted?
4. Condition of premises.
5. If present, does lividity match body position?
6. What was the decedent wearing?
7. Describe location of wound(s) – do not state *entrance* vs. *exit* in narrative.
8. Regarding the weapon:
 - Record a complete description of the firearm(s) (rifle, revolver, shotgun, automatic, etc.)
 - Record the make, model, and serial # if present
 - Caliber of weapon
 - Is the decedent the registered owner? If not, who is?
 - Discharged casings in the weapon, how many? If revolver, was the spent cartridge in the 12 o' clock position under the firing pin?
 - Discharged casing found at the scene, how many?
 - Name of officer who seizes the firearm.
 - Upon arrival to SCMEO, place the secured weapon (in weapons box) on the morgue table with the body and enter the weapon in the weapons log.
9. Is decedent right / left handed; does this correspond with the entry wound (s); was the decedent ambidextrous?
10. If present, does blood spatter correspond with the location of the gunshot wound and body?
11. What was the volume of blood present; was blood found in other locations?
12. Was there evidence of hesitation shots at the scene?
13. Was a note left? If so, it's location.
13. Does the handwriting on the note compare with that of the decedent?
14. Any recent history of behavior changes?
 - Marital status – recent separation or divorce
 - Any change in life circumstances?
 - Did decedent do anything different on the day of death
 - Any recent medical treatment and / or diagnosis

Suicide Safety

There are a number of different ways to commit suicide and can potentially result in a number of different safety and health hazards.

- Noxious fumes and gases
- Biological fluids
- Confined space
- Weapons
- Drug paraphernalia

- Electrical
- Poisons, caustic chemicals, solvents

At suicide scenes involving carbon monoxide (CO) one typically encounters a car that has been modified so that exhaust fumes enter the passenger compartment or a vehicle has been allowed to run in a closed space such as a garage. In other situations, the source of the gas may be from a pressurized cylinder or tank that has been opened into a vehicle, a small space, or into a plastic bag over the persons head. In a non-suicide situation, CO may come from a smoldering fire, a propane heater, or an internal combustion appliance such as a generator. Other gases and volatile substances may be used besides CO such as CO₂, NO₂, gasoline, toluene and nitrates. In this type of scene, it is important to make sure that the gas or fumes have dissipated before you enter the scene. Usually by the time you arrive, the windows and doors have been opened and the scene has been ventilated. This is not always the case and make sure you talk to law enforcement, the fire department or whatever agency is on scene to find out how long it has been since the scene was opened and ventilated and safe to enter. If in doubt, do not go in. Request that the air in the scene tested by the fire department or that the area be ventilated. Make sure that the source of the CO or other gas has been turned off or eliminated. Make sure the car is turned off, the valve on the tank is closed, the fire is out, the heater switch is off and the generator is shut down. Be very cautious about any containers such as large plastic bags that may potentially be full of lethal gas. If you encounter something like this, do not open them and call the fire department or the Hazmat team immediately.

You may encounter blood or other biological fluids that have extensively contaminated a scene when dealing with stab or incised wounds with extensive bleeding. You may encounter blood, body fluids, and tissue in instances of gunshot wounds or explosives where there is extensive disruption of the body often times the head. There may also be aerosolized blood in the air following a gunshot wound that would require wearing a mask to avoid an inhalation exposure. Usually the scene is well ventilated by the time an investigator arrives. Use appropriate protective equipment. Weapons at a scene pose a hazard by themselves. Sharp edge instruments will be placed in a paper bag and then in a cardboard “gun” box to protect you from the sharp edge and any blood or fluids on the weapon.

Firearms will be rendered safe by law enforcement by removing the ammunition. The investigator can then place a cable tie into the weapon to render it inoperable. If the weapon is a revolver, pass the cable tie through a cylinder chamber to prevent the cylinder from engaging. Do not pass anything through the barrel. For a pistol (automatic), remove the

magazine and place a cable tie through the slide into the chamber and out through the grip. For a rifle, place a cable tie through the breach. The main point of this modification of the weapon is to make it inoperable.

If you find drug paraphernalia, be especially careful with needles and syringes as they are most likely contaminated with blood. Be very cautious when examining the body and clothing to prevent “needle stick” injuries. Always check the outside of a pocket before placing your hand inside. You can also use a pair of forceps or another instrument to check the contents of a pocket.

A suicide caused by electrical means is unusual but it does occur. This often involves a home built device that is made up of pieced together components. Be very cautious in these situations to avoid an electrocution hazard. Make sure that the power is off and the device is isolated from any power supply. For more information on how to handle electrical hazards, please refer to Chapter 16 of the safety handbook.

Toxic materials, caustic chemicals, and poisons may be encountered at a suicide scene. It is imperative that gloves and other protective equipment be worn for protection from biological hazards but also caustic chemicals and to prevent absorption of toxic substances through the skin. If you find liquids or materials that you are concerned about, notify the law enforcement agency or the fire department about your concerns. Avoid contact with any substance you cannot readily identify.

16.9 Investigation – Special Cases

This section of investigation procedure is devoted to those special types of death that the Investigator will sooner or later encounter during his/her career. These deaths can fall into any of the five different modes of death.

Deaths of Children

In all child deaths, it is important that the Investigator receive factual information from the family (caregiver) regarding the circumstances surrounding the death as well as medical history of the decedent. It is just as important that the family receive factual information regarding the jurisdiction and function of SCMEO.

The investigator can play an important role in helping the family through the emotional trauma and grief following the death of a child. The feelings of sadness and loss can be overwhelming. If the family receives misinformation or listens to rumors that often crop up following the death of a child, it may lead to an uncooperative or suspicious attitude on the part of the family. This can turn a difficult task into an impossible one.

The following guidelines will assist in child death investigation:

1. In the matter of death concerning a child, the investigator will make some initial contact with the family to ascertain factual information concerning the circumstances surrounding the death.
2. In all cases of children under the age of three years, except those cases involving an obvious cause of death e.g. traffic fatalities, full-body X-rays will be obtained. X-rays will be obtained of those children over the age of three when the death is of a suspicious nature.
3. CPS is to be notified on ALL deaths involving persons under 18, and the notification shall be documented in METS.
4. In addition to initial contact, in all cases except those of obvious cause, such as a traffic fatality, the Medical Examiner will make an appointment with the family as soon as practical following the autopsy to explain the findings and thereby alleviate some of the families anxieties. This should afford the family the opportunity to ask questions and put down misinformation supplied by well-meaning friends and other misinformed individuals.

Photographing Deceased Infants and Children

Photographs will be taken of all child deaths. Photographs will be kept on file and available to families upon request for at least five years and longer, especially with digital photographs. Sociologists and those who counsel with bereaved parents have found this practice to be helpful to the parents.

Sudden, Unexplained Infant Death Investigation (SUIDI)

The National Standards for investigating and signing a Death Certificate as SIDS is:

1. The scene must be investigated by the Medical Examiner's Office.
2. The family and witnesses must be interviewed, immediately after death if not as soon as possible after death is pronounced.
3. An autopsy must be performed.
 - If the ME's Office is notified of a possible SIDS Death or an Infant Death and the baby has been transported to the hospital, it is pertinent to contact the police agency involved and find out if they are at the residence. If they are, go to the scene first and conduct the scene investigation.
 - Then go to the hospital and interview the family there. Case workers are normally involved with the family at this time. You may want to give the parents the choice to interview them in private and with/ without other family members and case workers present.

The investigator plays an important key role in the management of SIDS cases. He/she often has the initial contact with families shortly after sudden infant death has occurred and in some cases, the investigator, having knowledge of these cases, can prevent mishandling by the police or law enforcement agency that may be involved. It is also most important for the investigator to keep in mind that in addition to obtaining necessary information about the victim, he/she also has a responsibility to extend a warm helping-hand to the family.

If the investigator suspects that a baby has died of SIDS, he/she might find it helpful to have a SIDS pamphlet available so that he/she can share information with the family.

Follow the CDC SIDS Protocol during investigation and contact CPS to find out if there has been previous contact.

Complete, in full, the SUIDI form on all apparent SIDS and infant deaths.

Review the following information about the infant's medical history and other pertinent information should be obtained:

1. Where was the infant found?
 2. Was it in a prone or supine position?
 3. If in crib, on bed, couch, or similar mattress bedding, personally check the mattress type and filling that the infant was sleeping on (especially if the infant was face down). How was the infant found?
 4. Where was the infant born?
 5. What was the date of birth? How much did the child weigh at birth and on any subsequent visits to the doctor?
 - Was the birth normal or a "C" section?
 - Were there any problems during prenatal period or during hospitalization?
 - Did the infant have a cold or respiratory illness recently?
 - Was the child on any medications? If so, list.
 - Breast or formula fed? If formula, which one?
 - Feeding times. If formula, give amount.
 - Was honey given in any form to the infant?
 - Is there any frothy purge near the nose and mouth?
 - What color is the purge? If CPR was attempted, did family notice the purge prior to life saving efforts?
 - Are the blankets, bedding, clothing wet? Is the baby sweaty/ or wet?
- Bring all these items into the ME's Office for examination.**

These are only a few select types of questions that are extremely important during a possible SIDS/ Infant death.

The actual SUIDI form is multiple pages long.

After the infant has been examined and no trauma or injuries are found which might suggest “child abuse”, do not be surprised that the parents, especially the mother, may want to hold the infant, and they should be allowed to do so.

The investigator will tell the parents that he/she will call after the autopsy is completed. It is important that the parents receive some indication of the cause of death, especially if suspected SIDS, to help alleviate any guilt that invariable will develop with these deaths.

Child Abuse

Please complete a SIDS form on all children one year or younger. If you suspect child abuse at a scene contact the Medical Examiner on call and law enforcement. Suggested questions and observations for possible child abuse are as follows:

1. How did the injury occur?
2. Was it witnessed? If so, by whom?
3. If a fall, how far did the child fall?
4. Onto what type of surface?
5. Did child fall more than once?
6. Where did the impact occur?
7. Did child sustain multiple injuries?
8. If crib, describe.
9. If child had obvious injuries, was child taken to a doctor or hospital? If so, describe or identify and get dates of attendance.
10. Any history or prior trauma regarding child or other children in household?
11. Condition of household, cleanliness, etc.
12. Any other children in the household?

Check with CPC for previous history, if any, on decedent and the parents.

Helpful clues to child abuse include:

- Bilateral injuries.
- Multiplicity of injuries and varying ages of the injuries.
- Bruises *obviously* in various stages of healing.
- Disparity of injuries with explanation.
- Delay in treatment of injuries.
- Indifference to the severity of the injuries.
- Child Death Safety

Child deaths occur in many different ways and a child death scene may have any of the hazards previously described in this manual. There may be hazards from biological fluids, weapons, confined space, fire, respiratory, hazardous energy, chemicals, steep terrain, and motor vehicle traffic. These hazards and the appropriate responses are detailed elsewhere in this manual and the County safety handbook.

One difference you may encounter with a child death is distraught family members. This may occur with any death, but may be especially severe following the death of a child. Parents can become irate and they may verbally and physically assault you. If you find yourself in such a situation, try to de-escalate the situation and calm the person down by being sympathetic and supportive. If this does not work and you think you might be injured, leave the area and call your supervisor and law enforcement. Remember the parent that is behaving this way is likely a threat to himself as well as others and needs help. Law enforcement should be able to assist you and the family. Another source of help and comfort are the Chaplains.

If you are trying to remove the body of the child from the scene do not get into a tug-of-war over the child.

Remember, eventually you will get the body even if it takes 24 hours. There is no reason to put yourself in physical danger or traumatize the family any more than necessary.

Officer Involved

Any death that has resulted by the hands of a law enforcement officer, whether justifiable or not, will be reported to the Chief Medical Examiner.

These types of death will be handled like any homicide, however, due to the special sensitivity and nature of death, you, as the investigator must be especially thorough and even-headed. Cooperate with all agencies involved but remember this office is independent and favors no party.

In-Custody Death

Definition: "In-custody" means any person whose physical freedom is curtailed by an agency, i.e., detained, arrested, jailed, imprisoned, or committed in state hospitals and prisoners being treated for medical or mental problems.

Processing

The ME will be notified on all detainee deaths and in-custody deaths in any City, County, State, or Federal Institution that is within Snohomish County.

Even in-custody hospice cases are, by state law, brought into the ME's Office for investigation.

All in-custody cases will be investigated. These cases will be processed as listed under homicide processing with any changes only as approved by the Medical Examiner.

Investigation

In the course of the investigation, it must be kept in mind by the Investigator that the death is going to be closely scrutinized by the next-of-kin as well as law enforcement, district attorney, attorneys and the general public. It is imperative that a thorough and complete investigation be done. The investigator cannot be intimidated at the scene. Proceed slowly with caution. The following points of investigation should be asked and/or recorded by the investigator:

- When was the decedent incarcerated?
- Physical condition at time of booking.
- Reason for incarceration.
- Arresting officer and booking officer.
- Prior arrests, if any.
- Obtain copy of booking sheet.
- Time of discovery and name of jailer or jailers at time of discovery.
- Describe body in detail (trauma, lividity, rigor mortis, clothing, etc.)
- What was decedent doing just prior to death? If witnessed, describe location
- and any responsibilities decedent may have been assigned.
- When was decedent last seen alive?
- If in a cell, or holding tank, or police vehicle, names of other prisoners and statements.
- Who had access to the decedent prior to death?
- Did decedent have any prior medical problems?
- Any suicide attempts in the past?

* All of the above information may not be available at the time of the investigation/ removal but it is pertinent that the information be obtained at some point during the investigation.

Fetal Death

All fetal deaths that involve any of the following circumstance will be reported the Medical Examiner for jurisdictional consideration:

- Vehicular accident involving the mother.
- Spousal abuse.

- Maternal trauma.
- Suicide or attempted suicides.
- Self-induced abortion attempts.
- Contagious disease.
- Deaths that occur during Therapeutic treatments.
- Spontaneous abortions at home (over twenty weeks gestation).
- Deaths are not reportable to the ME when:
 - Spontaneous miscarriages under twenty weeks gestation or 500 grams.
 - Premature or immature births in hospital.
 - Premature or immature deaths due to the natural death of the mother.

Complication of Therapy

Surgical deaths are to be reported to the ME's Office immediately upon pronouncement of death by the hospitals surgical staff while still in the surgery room.

Complication of therapy can be defined as the creation or occurrence of a new disease or abnormal condition arising out of diagnostic procedures or therapeutic modalities, like:

- Drug reactions
- Massive hemorrhage following biopsy or operation.
- Perforation of organ during procedure.
- Transfusion reaction from incompatible blood.
- Deaths related to anesthesia.

After the investigator has received the initial report of a death due to a possible complication of therapy, he/she should be prepared to dissect or closely examine and record medical records produced during medical treatment. The investigator must gather the following information:

How did the death occur? What happened? What is the association with a medical procedure, e.g. how long in post-op?

When did the death occur; intra operatively, post-op recovery, induction of anesthesia?

What is the ASA rating? This is the "Surgical Risk Factor" of 1 to 5+ or 5E. The higher the number the higher the risk of the patient not surviving surgery. This ASA will be located on the Anesthesiology Report.

Name of the disease or condition being treated.

Record name (s) of all diagnostic or therapeutic procedures from which the injury may have arisen. This should include drug dosage, as well as how the drugs were administered, nursing management, anesthetic procedures, etc.

Names of all abnormal conditions or diseases found in records.

In surgical cases, the name of the surgeon and the name of the anesthesiologist.

Section 16.0 Notes and Revisions:

SECTION 17.0

SCENE VIEWS

17.0 Scene Investigation

In certain circumstances, Medical Examiner Investigators may contact the on-duty Medical Examiner to request authorization to conduct a complete external examination of the decedent's body. This examination is called a "SCENE VIEW" and it requires complete documentation of physical findings as well as scene and circumstances surrounding the decedent's death.

On occasions, a scene view is authorized by the Medical Examiner and the decedent's body will not be transported to the Medical Examiner's Office. This will allow for family members to proceed with disposition arrangements and the body may be released directly from the scene to a Funeral Home.

A scene view may be conducted only after obtaining approval from the on-duty Medical Examiner. The scene investigation shall be conducted in the same fashion as any other natural death. Contact the Medical Examiner only after conducting your investigation and gathering all pertinent information. The criteria for scene views include:

- A. Age over 70
- B. Natural disease history significant enough to explain sudden death
- C. No recent trauma
- D. No reports of drug abuse
- E. Non- suspicious scene circumstances
- F. NOK at scene or easily accessible
- G. Decedent is not decomposed
- H. Decedent is positively identified

Only consider scene views if necessary, due to exceptional circumstances such as religious concerns. These could be also used to facilitate faster response times for concurrent investigations.

If a scene view is authorized, the Investigator will be performing the only examination of the decedent by this office. It is important that the body exam and narrative report are meticulous. **The Investigator performing the scene view shall disrobe the decedent, completely.** This includes any and all undergarments, diapers, bandages or

wound dressings. The Body View Data form in METS (including a body diagram) must be completed and placed in the file jacket for the permanent record along with the usual documents contained in the case file.

Considerations for photography:

- Include photographs of the decedent's face, along with one containing the decedent's case number that may be suitable for identification purposes if needed.
- Include clothed and nude photographs of the decedent in your scene photos.
- Photograph any abnormal finding (i.e., a large tumor, pitting edema, wounds or ulcerations).

If the Investigator, at any time during the examination, notes any trauma, injury and/ or unusual patterns or markings that are of any concern, they are required to immediately contact the on-duty Medical Examiner.

Section 17 Notes and Revisions:

SECTION 18.0

VEHICLES

18.0 Medical Examiner/County Vehicles

Refer to the following Snohomish County policy:

EXECUTIVE ORDER 08-02C

EQUIPMENT USE/VEHICLE USE POLICY

These documents are located on the “G” drive or a paper copy is located in the Vehicle check log book.

18.1 Vehicle Checks

Medical Examiner transport vehicles shall be checked for inventory and cleanliness once every week. The vehicle cab, cots, equipment and body transport area shall be cleaned and disinfected at a minimum twice a month, or as needed. It is the responsibility of the on duty investigator to check the vehicles for fuel, supplies, cleanliness or damage to the vehicle or equipment at the start of his or her shift. The weekly vehicle checks will be performed by the Master Investigator or an assigned Investigator. The check list log book will be kept in the investigative area on the book shelf. Cleaning supplies for the vehicles are located in the garage area or in the morgue supply room.

18.2 Vehicle Damage or Malfunction

Staff members shall immediately report any damage to the Medical Examiner vehicles, due to a collision or any other event that damages the vehicle or equipment. If the employee is involved in a motor vehicle collision while operating a Snohomish County Vehicle, the employee shall notify their supervisor or any member of the management team immediately. The involved staff member shall complete a Snohomish County ***DRIVER’S REPORT OF AUTO ACCIDENT*** and a ***SUPERVISOR ACCIDENT/INCIDENT INVESTIGATION REPORT***. This shall be done as soon as possible; blank copies of these documents are located in the hallway that leads from the garage to the main Investigators office area. If none are available, notify your supervisor. Should a staff member encounter any mechanical problems, contact your supervisor and report the problem and or malfunction. The Master or Chief Investigator shall make arrangements for service and or repair.

18.3 Vehicle Maintenance

Medical Examiner vehicle maintenance records are controlled, monitored and maintained at the Fleet Management Garage, located at 8915 Cathcart Way, Everett, WA. 98296. To inquire about service on a specific vehicle, refer to the maintenance sticker located on the upper corner of the windshield. The sticker identifies the service period by referring to the date and mileage of the vehicle.

18.4 Vehicle Fueling

Medical Examiner Investigators are issued individual fuel/gas cards that will allow them access to *PACIFIC PRIDE SERVICES* fuel pumps. Each member will be instructed on how to fuel the Medical Examiner vehicles. It is expected that all vehicles should be maintained (at a minimum), FULL to ½ full at all times. When the fuel level is between ¼ and ½ a tank of fuel, the investigator should seek out a PACIFIC PRIDE fuel station and fill the vehicle with fuel. If this process is not possible due to time or logistical constraints, the on-coming investigator shall be advised of the vehicle fuel level by the off-going investigator or the last investigator who used the vehicle.

Section 18.0 Notes and Revisions:

